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January 25, 1992

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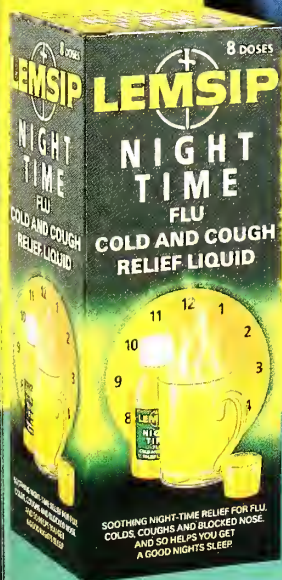


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Pharmacy to link closer with WHO

**PSNC: No news
on remuneration
pre-conference**

**Glaxo publish
discount scale**

**Taking a stand
on advertising
'script' OTCs**

**Climb down on
veterinary
fee charges**

**Running your
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Comment

The goal of the World Health Organisation is "Health for all" by the year 2000. This month a new European pharmaceutical organisation has been established which can help the 34 countries that comprise WHO Europe make this a more realistic aim (p112).

The European Forum of Pharmaceutical Associations comprises chairpersons and chief executives of the main national organisations representing pharmacy throughout Europe together with members of some "observer" organisations. Some 27 countries were represented by 45 officials at the inaugural meeting in Denmark, which had to establish procedures and a statutory framework as well as making recommendations for action.

Community pharmacy already has a representative organisation in Europe, GPCE or the European Pharmacy Group. This comprises organisations representing community pharmacists in each of the 12 Member States. Although GPCE has no official standing within the Community and does not feed directly into the EC Commission, nonetheless, it is an important mouthpiece on pharmacy practice throughout the EC Community, and will continue to be. Some organisations will be represented on both GPCE and the new Forum — so there will be ample scope for cross fertilisation. But the greater

number of countries represented in the Forum means it has more potential to achieve its ends.

For some time now general practitioners have been blessed with a similarly constituted body based on WHO Europe so the new Pharmacy Forum is timely. The next step for the Forum is to translate its recommendations into objectives. If that happened with the third recommendation — to organise a campaign to help patients ask the right questions when they visit their doctor or pharmacist — immediately there would be opportunity for the Forum to link with its general practitioner equivalent to find a solution which developed the relationship between the professions for the benefit of their customers. The next has a similar end — to strengthen collaboration with prescribers on information about medicines for patients — indeed, improving the quality of information given to patients about medicines *per se* is set as a "major project" for pharmacists in Europe.

All this must have a familiar ring to UK pharmacists but it would be a shame if the plans had a jaundiced reception. Just as UK pharmacists and doctors strive to achieve uniform standards of practice that benefit those they serve, both as separate professions and through co-operation, so must their European counterparts. To do less is quite unacceptable.

Pharmacists forge closer links with WHO in Europe

Links between European pharmacy associations and the World Health Organisation have been improved with the setting up of the European Forum of Pharmaceutical Associations in Denmark on January 14-15.

Meeting to form the group were 45 officials from 27 countries, representing national pharmaceutical associations and observer organisations. Delegates from the UK were John Fergusson, representing the Royal Pharmaceutical Society, and the National Pharmaceutical Association's director Tim Astill.

The Forum will support the WHO European Region's "Health for All" policy and targets. It will also contribute to the improvement of health through better pharmaceutical services for the 850 million people in the 34 countries that make up the region.

WHO regional adviser Dr Kirsten Staehr-Johansen believes that although the region is made up of countries which are at different stages of development, its problems can be approached jointly. "Improving the appropriateness and quality of care relies on taking advantage of different solutions from one country to the other," he says.

The Forum will meet once a year. The executive committee comprises chairman Almar Grimsson (Iceland), vice-chairman Zolatan Vinsze (Hungary), treasurer Joep Winters (Netherlands), and representatives Joao Silveira (Portugal), L. Schmudermaier (Austria) and John Fergusson (UK). Mr Grimsson says that the Forum should facilitate closer

relations between professionals and the Ministers of Health in their countries, who also constitute the WHO parliament.

The Forum has come up with the following recommendations:

- To pursue the recommendations of the WHO meeting in Madrid 1988 about the role and function of the pharmacist in Europe and to adopt them as targets for pharmacy for the year 2000.
- To plan and implement a major project to improve the quality of information given to patients with their medicines.
- To organise a campaign to help patients ask the right questions when they visit their doctor or pharmacist.

- To strengthen co-operation and collaboration with prescribers on information about medicines for patients.

- To establish a working group to explore the role of the pharmacist in health promotion and illness prevention.

- To establish trans-professional project groups for improvement of selected areas within the pharmaceutical sector in countries of Central and Eastern Europe.

NPA director Tim Astill says he is "encouraged" by the formation of the Forum. He is expecting to receive a list of objectives shortly.

Funding for the Forum will come from a sliding scale of subscriptions paid by each state.

Coleman proposes New Year resolutions for profession

Continuing in the tradition of making New Year's resolutions, David Coleman, president of the Royal Pharmaceutical Society, has produced his own thoughts for 1992.

Speaking at the annual dinner of the Society's Derby Branch on January 17, Mr Coleman put forward the following, in what he said was no particular order of importance.

- **"Our profession is one profession"**

Mr Coleman quoted the saying "United we stand, divided we fall", adding that although individual groups are important, it is easy to forget that above all pharmacists owe allegiance to their profession.

- **"I resolve to tell the success story of the pharmaceutical industry"**

The pharmaceutical industry has a proud record of invention and development, said Mr Coleman. "If other industries contributed half as much to our balance of payments we should have little to worry about."

- **"I resolve to undertake some continuing education"**

- **"I resolve to look at my pharmacy"**

"Does it project the impression I want it to? Do our pharmacies reflect the importance of the dispensing role and the giving of advice on medicines or is there some danger that the public might think that we are more interested in selling jewellery, tights or sandwiches," he said.

- **"I resolve to use my vote"**

Although Council elections are held every year, only around 30 per cent of pharmacists vote. "Are all of us equally bad, or dare I say equally good?" asked Mr Coleman.

- **The Working Party Report**

This will present both

opportunities and challenges this year, he said. "There will be many parts of it which we must embrace and work speedily to implement. I resolve to do my best not to be put off by arguments of 'Not every pharmacy is ready for it'. Those who wait for the slowest to catch up are soon overtaken themselves."

- **Contracts in the hospital service must lay emphasis on the quality of service**

"With the increasing amount of local policy making it is vital that we stress quality," said Mr Coleman. With pharmacists usually involved as providers, it is important that the purchasers know what services are available.

- **"I resolve to try to achieve ever higher standards of service to the public"**

The *Which? Way to Health* report was like "a bucket of cold water", said Mr Coleman. "I believe we are achieving great improvements. I actually believe that listening to patients talking gives a better indication of our success than staged incidents compared with a panel of experts in an unreal situation."

- **"I resolve to look abroad"**

It is important to look to our partners in Europe to make good and effective use of European bodies to exchange ideas, to promote excellence and to harmonise regulations sensibly, said Mr Coleman. "I believe, too, that we have a role to play in helping the pharmaceutical service in Eastern Europe adapt to their political changes; indeed we may have to be involved in emergency aid."

Mr Coleman also said that countries of the Commonwealth Pharmaceutical Association, and even South Africa, may also need the profession's interest and support.

Future bright for OTCs

Oral hygiene products, condoms, topical remedies and OTC wound management products all have a bright future, according to a series of reports by market research publishers Frost & Sullivan.

The four reports give a European perspective on each of the individual market areas:

- **Contraceptives and home diagnostics** The promotion of condoms for disease prevention has boosted sales to record levels. In addition, scares about the side-effects of oral contraceptives have led women to switch to condoms and other barrier methods.

In the home diagnostic sector, ovulation tests are expected to show much stronger growth than pregnancy tests, but the latter will continue to dominate the market. Other tests such as cholesterol and blood sugars are still in the infancy, say F&S.

- **Sensory organ treatments** Increasing awareness of personal hygiene has assisted growth in this sector. Most affected have been the oral remedy and mouthwash sectors as dentists emphasise prevention rather than cure.

Market growth is predicted for the next four years with the increasing number of elderly people leading to greater use of eye and ear care products.

Oral remedies and cosmetic mouthwashes, particularly dynamic in recent years, will continue to grow strongly.

- **Topical remedies** Europe's ageing population will be the key factor affecting growth in OTC dermatologicals and topical remedies, say F&S.

Topical analgesics, haemorrhoid preparations and varicose vein treatments are particularly likely to benefit while acne remedies will suffer as the teenage population declines.

- **Wound management** The wider availability of OTC products and the possible forthcoming POM to P switches, such as antifungals in France, will ensure that growth in this area continues, says the report.

The largest sector is currently dressing and plasters, closely followed by antiseptics. However, both sectors are well developed and will show only slight growth over the next five years, say F&S. More dynamic will be emollients, wound healers and anti-irritants.

- "The European OTC Sensory Organ Treatment Market: E1525", "The European Market for Contraceptives and Home Diagnostics: E1526", "The European Market for OTC Wound Management Products: E1527" and "The European Market for OTC Dermatologicals and Topical Remedies: E1528" (\$1,250 each) are available from Frost & Sullivan Ltd, Sullivan House, 4 Grosvenor Gardens, London SW1W 0HD. Tel: 071-730 3438.

Nurofen fellowships

Travel fellowships of up to £1,000 are available to UK health professionals or researchers to present work on pain or pain management.

The scheme, funded by the Nurofen Pain Relief Project, offers three grants of up to £1,000 to cover travel costs, with entries being judged twice a year on March 31 and September 30. Previous winners have been funded to visit conferences in India, America and Russia, as well as European destinations.

Entries for the next judging session, presided over by an independent panel headed by Dr Patrick Wall, must be received by March 31. For further information or an entry form, write to: Nurofen Pain Relief Project, 4 Cloisters House, 8 Battersea Park Road, London SW8 4BG.

The role of pharmacists in High Street healthcare

The much publicised *Which? Way to Health* report into the advice given by community pharmacists has received yet another airing in the medical Press.

The study featured in an article in *GP* (January 17) where the *Which?* findings were compared with more favourable surveys and the National Pharmaceutical Association's "Ask your pharmacist" campaign.

Dr David Roberts, chairman of the Dispensing Doctors Association, who admits he has an axe to grind, was asked about moves by pharmacists to become more involved in community health.

He was quoted as saying there were 21 activities that pharmacists were keen to carry out and be paid for. This was understandable, he said, for a profession wishing to

extend its medical role. However, he is worried that pharmacists are not ready for it.

"One wonders if a member of the public could go to the trades description authority over the campaign 'Ask your chemist,' he said. "They could certainly not have good advice guaranteed. How many chemists are trained?" he said. "The NPA says they are undergoing training, but training is only as good as the people who do it."

More favourable research quoted included a Taylor Nelson survey in which three quarters of patients said they thought they could be treated "just as well" by a pharmacist for a minor illness.

However, the author concluded, people seem reluctant to take more responsibility for their own health and do not know where to get

effective guidance from. "Of course the convenience of the chemist's shop across the road is appealing, but can they trust the advice?"

"Pharmacists as a profession want the extra status and involvement but seem, as a group, incapable of standardising their message and services," says the author. "There is a role here for the taking, but it cannot be for the half-hearted."

NPA Director Tim Astill, who said he had not been contacted by *GP*, told C&D he would not be responding to the article. "I've got more important things to do than respond to Dr Roberts," he said.

"I wouldn't presume to put pharmacists forward as doctors and don't see that doctors should put themselves forward as pharmacists," Mr Astill said.



FHSA hires lay members to improve services

Following a publicity campaign using local newspapers and radio, Bedfordshire Family Health Services Authority has appointed nine additional lay members to help improve services provided by GPs, dentists, pharmacists and opticians.

The new members bring to 14

the total of associate members serving on the Authority. They will work alongside the 11 Authority members in planning and overseeing the county's family health services.

John Swain, director of operations at the FHSA, told C&D

that initially the new lay members would have two main functions. Although principally serving as members of teams visiting GP surgeries, the lay members would also act as deputy members of the Authority's service committees.

The programme of visits to GP surgeries, initiated this month, will take place over a three year cycle. Although Bedfordshire FHSA has no similar scheme for visiting pharmacies, the general manager is thought to be keen on extending the principle in the future.

The nine new lay members have a range of experience and interests, said Mr Swain. They include the chairperson of the Bangladesh Welfare Association in Luton, a management consultant and magistrate, a nurse, a member of the Women's Royal Voluntary Service, and the BBC Radio.

More on nurse prescribing

Nurse prescribing will cost the Exchequer about £13.3 million a year in England and about £17m in the UK as a whole, but is expected to save time for nurses, midwives, health visitors and GPs. It is unlikely to result in any manpower reductions, according to the Medicinal Products: Prescription by Nurses etc Bill, which has now been published (HMSO, £1.45).

The Bill's main purpose is to

enable community pharmacists to dispense certain medicinal products on prescriptions issued by certain categories of nurses, midwives and health visitors. Ministers are given power to limit, by reference to qualifications and training, the categories who may prescribe. Ministers can also prohibit a nurse, midwife or health visitor from delegating the parenteral administration of POMs.

Children get £5m

A £5 million programme of pilot projects, to identify good practice in the care of children suffering from life-threatening illnesses, was announced by Health Secretary William Waldegrave. An initial £784,000 will be available from April and funding will increase, to at least £1m per year, in each of the succeeding four years. Bids for project funding will be invited shortly.

Anticoagulant cards

Anticoagulant treatment booklets are to replace cards. The Council of the Royal Pharmaceutical Society has decided to discontinue the cards and advises pharmacists to use the new booklets. Pharmacies in England and Wales can order supplies from the Department of Health at D.H. Stores, No. 2 site, Heywood Stores, Manchester Road, Heywood, Lancashire OL10 2PZ. Those in Scotland should obtain the booklets from: Miss S. McNeill, Room 64, Scottish Office, Health Department, St. Andrew's House, Edinburgh EH1 3DH.

Play it safe

A booklet has been produced to accompany the "Play it safe" series of programmes on child safety currently being shown by the BBC. Booklets are available from local Health Promotion Units and further details can be obtained from the campaign office for "Play it safe" tel: 071-721 7671.

£98m for nurses

The Government is to make a further £98 million available in 1992-93 for the implementation of the new education scheme for nurses Project 2000 says Health Minister Virginia Bottomley. The new system links nursing education more closely with further and higher education. Trainees have student status and receive bursaries instead of salaries.

Contraception

The number of girls under 16 seeking contraception has risen sharply, according to Department of Health figures. Last year, 18,100 attended local health authority clinics, up 2,000 on 1990. Overall, numbers have risen by 50 per cent in the last ten years. The news has been welcomed by the Family Planning Association as reflecting a more responsible attitude towards condoms and AIDS.

Healthy eating

The Ministry of Agriculture, Fisheries and Food is to publish five "Food sense" booklets on healthy eating, additives, food safety, labelling and food protection. Every home in Britain will receive copies by 1995.

Halcion news

Halcion manufacturers Upjohn have announced that they plan to bring a law suit against Scottish psychiatrist Dr Ian Oswald. The move follows an article in the *New York Times* (January 20) which alleged that Upjohn failed to adequately report all the side-effects of the drug.

Pay bid: no news before LPC conference

Contractors will receive no news on PSNC's pay bid for 1992-93 or the progress of negotiations between the Department of Health prior to the LPC conference on Monday, February 10.

Both sides met on Tuesday this week, and a further meeting is scheduled on February 6. PSNC are to meet on the Sunday prior to the conference to determine what kind of report chairman David Sharpe can give to contractors.

A new format for the LPC conference, to be held at London's Hotel Intercontinental, is being introduced this year. PSNC are following the example of the Branch Representatives Meeting and devoting part of the afternoon to a series of workshops. Five workshops, each of 45 minutes, will run concurrently starting at 3pm. The topics for discussion are:

- Global sum distribution — flat fee, front loading, practice allowance or combination?
- The place of on-cost in a pharmacy remuneration system
- Should the range of additional professional fees be reduced in favour of a movement towards

standard fees related to overall provision of services?

- Is there any value in increasing the discretion of the PPA to accept pharmacists' endorsements — and if so, which?

- Standards of practice and premises — how should they be monitored and by whom?

The conference will close after reports back from the workshops at 4.30pm.

LPC resolutions for debate at the conference are again dominated by the negotiations between the DoH and PSNC. Other proposed motions cover dispensing of NHS prescriptions, fees and endorsements, postgraduate education, rural dispensing and

administrative matters.

PSNC has accepted four motions without the need for debate. These call for:

- an item of service fee for the supply of medicines in controlled dosage systems
- a higher fee payment for the dispensing of dressings and surgical appliances
- properly structured, organised and funded post graduate training courses
- all applications from GPs to dispense in rural areas to satisfy a "necessary and desirable" test.

■ Nearly 100 MPs and 22 peers have so far accepted invitations to the PSNC dinner to be held following the LPC conference.

Extra payment for homes and PMRs

Contractors who provide services to residential homes and keep patient medication records can expect to receive an additional payment before the end of March.

The extra monies will be paid at the rate of £70 for each residential home to approximately 6,000 contractors, and £210 to the 2,900 pharmacies that have registered to keep PMRs.

Last year the Department of Health agreed to put aside £1.8 million to provide an incentive to pharmacists to get involved in these two areas of care. In the event only £750,000 was paid out, leaving just over £1 million to be disbursed in March to those who were registered for payment as at March 31, 1991.

Welfare foods and pharmacies

Community pharmacies in England and Wales could soon find themselves distributing welfare foods if talks between the Department of Health and the Pharmaceutical Services Negotiating Committee reach a successful conclusion.

PSNC expect to be reporting to Local Pharmaceutical Committees shortly, but advise that in the meantime, present arrangements should be left unchanged.

- The National Audit Office will be reporting shortly on the investigation it carried out into community pharmacy. The Audit Commission, a separate body, had sought PSNC's views on the costs of GP dispensing.

- A new appointment to the Pharmacy Review Panel is expected shortly following the resignation of Mr Grindle (Sainsbury).

- PSNC says it continues to be concerned that pharmacists are not notified of endorsements which have been ignored by the Prescription Pricing Authority. PSNC is now formally requesting the PPA to send a copy of those prescriptions where the pharmacist's endorsement has been disallowed back to the contractor. If an agreement cannot be reached, PSNC say the legal implications will be investigated.

Rural compensation fund running short

A "large and unexpected" number of compensation claims from doctors who have lost dispensing patients in rural areas is draining the Clothier compensation fund.

Although the Pharmaceutical Services Negotiating Committee intends to honour existing claims resulting from decision of the now defunct Rural Dispensing Committee, it has warned that

instalments can no longer be paid to GPs on demand.

In a letter to the chairman of the General Medical Services Committee, Dr Ian Bogle, PSNC chairman David Sharpe warns there will be "unavoidable delays in payments".

New claims received in 1991 amount to a liability of £908,000 over the five year compensation

period, and bring the total liability of the fund to £1.9m. Mr Sharpe says it is not acceptable to increase the levy on LPCs as "many now pay with great reluctance following the activities of certain dispensing doctors locally and the stance being taken nationally by the Dispensing Doctors Association".

New NHS Trusts popular with patients

Patients feel they are getting a better service from their hospital now it is an NHS Trust, a new survey has revealed.

The survey showed that, of patients who had visited their hospital both before and after it became a trust, nearly half (48 per cent) thought that the service had improved and 44 per cent thought it had stayed the same. Only 7 per cent felt services had worsened.

Overall 900 patients at eight trusts were questioned by an independent organisation on behalf of the Department of Health. Of

those questioned 96 per cent were either very satisfied or quite satisfied with the quality of services they had received.

Commenting on the survey, Secretary for Health, William Waldegrave, said: "The results confirm that trusts are providing a high level of services and that patients are seeing the benefits."

"Increasingly trust status is being seen by hospitals and units providing healthcare as the best way of running NHS services. I am sure that the majority of our services will be run in this way in the future."

Peak Flow meter promotion raises £10,000

Vitalograph's Peak Flow Meter promotion to pharmacists, which ran in October, November and December in support of the British Lung Foundation, increased peak flow meter sales by 60 per cent, resulting in a donation of £10,000 to the British Lung Foundation.

This money will help the British

Lung Foundation to fund an important three year research project by Dr Griffiths at St George's Hospital in London. The research is investigating new methods for treatment of respiratory failure in people with chronic lung conditions, such as emphysema, bronchiectasis and bronchitis.

Dispensing GP backs pharmacy

A Colchester dispensing doctor has written to the Health Secretary in support of a local pharmacist who wanted to open nearby.

When pharmacist Peter Marshall's application was turned down by the Appeals Unit, Dr Stuart Baldwin asked William Waldegrave to intervene. But the Health Secretary replied that he had no power to do so.

The pharmacy would have been mid-way between two surgeries run by Dr Baldwin and his colleagues. The application to dispense was turned down after other local pharmacists argued that the needs of patients in north Colchester were adequately met by the town centre pharmacies.

But Dr Baldwin, who dispenses for his rural patients, believes the other pharmacies are not easily accessible and wishes that he and his colleagues had been invited to give evidence to the appeal. "Hopefully another pharmacist will re-apply at some time in the future," he told C&D. "If so, we would make sure that all the facts were available."

US tamper campaign

A public education campaign to teach patients how to identify if a product has been tampered with, has been launched in Washington State in America.

The "Take the Time, Check it out" campaign includes:

- information for customers at pharmacies and retail stores
- posters for managers to hang in prominent places
- a free-phone number for further information
- public service announcements on radio and outdoor advertisements.

The programme is supported by the State's Department of Health, Board of Pharmacy and Retail Association (*American Pharmacy*, January 92). It was developed following two deaths last March when customers took Sudafed capsules which had been laced with cyanide.

Dental survey finds the gaps

The proportion of dentists routinely accepting all patients for treatment under the NHS varies from around 50 per cent to 90 per cent in different parts of the country, according to a survey by family health services authorities.

Since the introduction of the new dental contract in October 1990, over 21 million patients registered with an NHS dentist.

More than three quarters of dentists accept all patients for NHS treatment and the proportion is higher for children. However, figures in the Home Counties are the lowest, ranging from 52 per cent in South West Thames to 69 per cent in North East Thames.

This contrasts with figures for the North, Midlands and East Anglia where around 90 per cent of dentists accept all NHS patients.

The vast majority of dentists quoted dissatisfaction with the current levels of remuneration for NHS work as their reason for not taking on patients. However, a minority expressed more general dissatisfaction with the new contract. Around 15 per cent said their NHS lists were full.

Commenting on the survey, Lady Hooper, Parliamentary Secretary at the Department of Health, said: "In most places, patients should have no problem finding a dentist willing to treat them on the NHS."

"We recognise, of course, that there are areas where some problems do exist. We are already discussing several possibilities with regional health authorities, family health services authorities and the profession on how to make further improvements."

UK drugs out-perform recession but generics pose a threat

The UK pharmaceutical industry is beating both the recession and foreign competition, according to the Association of the British Pharmaceutical Industry. But they claim the growing proportion of generics dispensed is squeezing returns on investment.

The Association's latest report — "Pharma Facts and Figures" — shows that four UK medicine discoveries rate among the top ten best sellers world-wide including the number one. Between them, these four drugs earn prescriptions sales of more than £3 billion a year.

On the positive side, the report highlights:

- Industry output up nearly 6 per cent in a year to £6.7bn, growing three times faster over the past decade than manufacturing industry generally.
- Investment in research and development running at £3 million a day with pharmaceuticals alone responsible for 14 per cent of all UK industry sponsored R&D.
- Exports worth more than £2.2bn a year, continuing to increase faster than other industry sectors.
- The number of people employed reaching a record total of 87,800 in 1990, representing a 23 per cent

rise in full-time employment since 1970.

However, the estimated cost of discovering a major innovative medicine has escalated from about £50m in 1985 to £125m in 1990. It may take more than ten years before a product reaches the market, says the Association.

The report also highlights the effects of a near threefold increase in the number of prescriptions issued in generic form over the past decade.

"Although branded products continue to account for the largest part of the NHS medicine spending, the swift erosion of their market share has, to an extent, played a part in the relative decline of the industry's profitability," says the ABPI.

"In the short term, the health service may well benefit from exerting downward pressure on prescribing through a cheap drugs policy, but the long term cost to the NHS and damage to the industry's ability to fund further research are even greater."

In 1990, the number of prescriptions issued rose by 11 million to a record total of 447 million. This corresponds to a rise

of 19 per cent since 1980 despite a "real" increase of 236 per cent in prescription charges. Social factors such as unemployment, poverty, social stress and consumer expectation significantly influence overall medicine consumption levels, says the report.

Practice research

As from this month, a series of monthly bulletins covering a wide range of research techniques will be published by the Pharmacy Practice Research Resource Centre.

Topics will include: questionnaire design; interview techniques; project planning; sampling; data analysis; and presentation of findings.

The bulletins will be free of charge to anyone interested in conducting practice research. Anyone wishing to receive the bulletins should contact Joan Broadhurst at the PPRRC, University of Warwick Science Park, Barclays Venture Centre, Coventry, CV4 7EZ. Tel: 0203 690 064.

VMD fees: no great change

The Veterinary Medicines Directorate (VMD) has abandoned plans for a radical change to its fee structure, proposing instead refinements to the current system.

In October last year, the VMD asked for comments on proposals to replace the existing Graded Annual Fee (GAF) with a Fixed Annual Fee (FAF) system. Around three quarters of the comments received were in favour of retaining the present fee structure.

The introduction of the FAF, even if only as a partial replacement for GAF, was seen as prejudicial to

smaller companies, says the VMD. "Therefore it could seriously undermine the UK veterinary pharmaceutical industry, could lead to a further reduction in the number and range of products available, and as a consequence could be a threat to animal welfare."

The VMD is now proposing changes based on a 5 per cent increase in capital fees with the exception of emergency vaccines for which no change is proposed. These include:

- The charge to the industry for Export Certificates and Product

Licences (export only) to be discontinued and the cost met by the Ministry.

- No increase in the application fee for an Animal Test Certificate (ATC). A new fee (£1,100) for complex variations to ATCs.

- A fee (£315) for renewing Animal Test Exemption Scheme (ATX)

- Manufacturer and Wholesale Dealer Licence applications to be increased by 5 per cent to £1,900 and £1,260 respectively. A reduced fee of £425 for wholesale dealers with a turnover of less than £30,000 in vet medicines or where vet medicine is less than 15 per cent of total turnover.

- The current five yearly fee for Manufacturers and Wholesale Dealer Licence renewals to be replaced by an annual fee. This will be set at one fifth the present renewal fee plus 5 per cent.


- Inspection fee to rise by 5 per cent with a new charge for inspecting "super sites" employing more than 250 relevant people.

The GAF will be retained but no increases are proposed to either the rate (0.63 per cent) or the minimum charge (£250).

Subject to comments, the revised fees will be introduced from April 1. Comments should be sent to Mrs R. Hext, Room 106, VMD, Woodham Lane, New Haw, Weybridge, Surrey KT15 3NB by February 25.



Mawdsleys wholesale chemist recently completed their latest NPA Medicine Counter Assistant course held in the Liverpool area. The successful participants are pictured, having received their certificates, with members of staff from Mawdsleys, course sponsors Merrell Dow and course tutor, John Davies



Headache at 10.00. St. Mark's at 12.00.

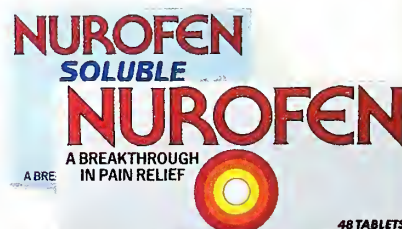
. . . . Time for Nurofen.

Clinical trials have shown that Nurofen is more effective than aspirin or paracetamol in relieving headaches. And, unlike some combination products that include codeine, it doesn't cause constipation or dependence.

Nurofen (ibuprofen) also performs well in relieving most other common indications: period pain, dental pain, muscular aches, flu symptoms. Also, unlike paracetamol and codeine, Nurofen has anti-inflammatory properties.

This efficacy is accompanied by an equally impressive safety record. Nurofen is safer in overdose than either aspirin or paracetamol, and less likely than aspirin to have an adverse effect on the gastrointestinal tract.

Since Nurofen and Nurofen Soluble are sold only in pharmacies, more and more customers are bound to come to you for them. So ask for our new Professional Guide to Pain Relief: it'll help you recommend Nurofen on the basis of hard clinical data. And when you compare Nurofen to any other analgesic, we think you'll come to the inevitable conclusion – there is no comparison.



Nurofen. When it's time to recommend.

If you would like to receive our Professional Guide to Pain Relief, write to Crookes Healthcare Limited, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA.

Brining retirement fund set up

A retirement fund for Pharmaceutical Services Negotiating Committee financial executive Mike Brining is being launched this week.

Mr Brining is standing down after the current round of negotiations with the Department of Health are concluded. His successor is Mr Godfrey Horridge.

Mr Brining joined the Chemists Contractors Committee (PSNC's forerunner) in 1973, and is an honorary member of the Royal Pharmaceutical Society.

LPC refresher coming soon

Refresher courses for LPC members to update them on NHS legislation are due to be held in Leeds, Birmingham and London later in the year.

The events are being organised by the Pharmaceutical Services Negotiating Committee in the light of the current consolidation of the NHS (Pharmaceutical Services) Regulations and other new NHS legislation.

The course will also outline ways LPCs can improve their relationship with their Family Health Services Authority. "The majority of LPCs are not taking advantage of FHSA funds for local health initiatives," says PSNC chairman David Sharpe. "We are taking as much action as we can to encourage LPCs to interact more closely with FHSAs."

No free scripts for asthmatics

The Government has no plans to extend the range of conditions which currently attract free prescriptions on medical grounds, according to a written Parliamentary answer from Minister for Health, Virginia Bottomley.

The answer was in response to a question from Ronnie Fearn, Liberal Democrat MP for Southport.

Mrs Bottomley's reply continued: "There are already wide-ranging exemption arrangements, underpinned by the separate scheme for remission on grounds of low income, which ensure that no-one need be deterred from obtaining any necessary medication on financial grounds."

In reply to a second question from the same MP, Mrs Bottomley revealed that, during the past 12 months, 36 letters from MPs and 15 from members of the public had been received regarding free prescriptions for asthmatics.

US law a model for freedom of information

A furious row has broken out between Fisons and the United States Food and Drugs Administration over the reasons why, after inspection of Fisons British manufacturing facilities, the FDA has withdrawn permission for the sale of Opticrom and Imferon in the USA (*Guardian* January 16 and 17).

During 1991 Fisons were unable to supply many of their prescription medicines to the UK market. No reasonable explanation has ever been given for these shortages, but when supplies restarted all was quickly forgiven, and only the Stock Market continued with its criticism.

The public acrimony between Fisons and the FDA does, however, raise the fundamental problem of the right to information. Under American freedom of information law, both criticisms and rejoinders are in the public domain and, with newspapers ever vigilant for a good story, FDA safety requirements and industry compliance with those needs are always increasing.

A similar situation, however, does not exist in the UK where a cosy, confidential relationship exists between the Medicines Control Agency and the manufacturers. Here it is assumed that, if a product is licensed and available then, *de facto*, it is safe, with that assertion only being questioned when, as in this case, contrary information is made available because of American Law. The patient in the UK usually continues in blissful ignorance until something goes badly wrong, their 100 per cent confidence in manufacturing quality protected by the legal barrier of confidentiality erected between them and the regulating authorities.

If there are problems with the manufacture of a product, then both public and the professions should have a right to know and the right to the information necessary to decide for themselves the veracity of the arguments.



Contract scramble lets down the profession

An undignified scramble for an NHS contract has erupted in the Wiltshire town of Trowbridge between the Goliaths of corporate community pharmacy, Lloyds and Boots, with the prize a pharmacy concession in the new health centre (*C&D* January 18).

There is real booty for the winner but, once again ridicule for the profession of pharmacy, with the demeaning public spectacle of community pharmacies fighting over who should be granted dispensing rights in new health centres continuing to make front page headlines in local newspapers.

Family Health Services Authorities are statutorily charged with planning primary health services, yet when pharmacy is considered, they do so with one hand tied behind their backs. The integration of pharmaceutical services into new planned medical centres may be desirable, but rather than being initiated and controlled by the FHSA, instead they must wait for the correct commercial climate to spawn an applicant, with the planning then left to the haphazard vagaries of chronological fate around the tables of local pharmaceutical practices subcommittees.

The present partial planning is producing ever more distortion in the distribution of service in both rural and urban areas and should

either be replaced by a co-ordinated strategy applicable to all areas or scrapped completely in order to allow market forces to produce a natural equilibrium. Either way could be effective, but will only be so if all anomalies, including the anachronistic "right" of doctor dispensing, are removed and pharmacy is charged with the responsibility of providing a comprehensive service to the whole population.

Prophecy to come true?

My comments last week on Zovirax must have been prophetic with the news published at the same time as the Medicines Control Agency's initiative in proposing a switch from POM to P of topical imidazoles intended for vaginal use. These changes are long overdue but if enacted, could induce a useful precedent for the future.

There is only one cloud on the horizon and that is the availability of the Parliamentary time necessary to approve the amendment to the POM order. With a general election looming that time may not easily be found, with a consequent delay in the recommended changes.

But since orders of this type are continually being presented to Parliament for approval and are hardly, if ever, refused it would seem more reasonable for Parliament to delegate that responsibility back to the recommending bodies. Ultimately, the committees would still be answerable to Parliament, thus maintaining the protection of public interest, but the decisions themselves could then be expedited in order to maximise the benefit to interested parties.

Ad 'takes my breath away'

My gratitude to LRC products for their insert in the *C&D* January 18, thanking me for supporting their half-price electrical vapouriser promotion. Talk about a kick in the teeth!

Despite many exhortations to rep, company, and wholesalers I have never, ever, even seen an electrical vapouriser, let alone been able to promote them to my customers at half price! The only consolation is that LRC's next promotion cannot be anything other than more successful than the last... and for this they thank me?

Topical REFLECTIONS

Scriptspecials

Flixonase: new topical steroid for rhinitis

Fluticasone propionate, the first of a new generation of intranasal topical steroids, is the active ingredient in Allen & Hanburys' Flixonase aqueous nasal spray for the treatment and prevention of perennial and seasonal rhinitis.

This steroid has minimal systemic side-effects and twice the topical anti-inflammatory activity of beclomethasone dipropionate at the same dose. Once daily dosing is, therefore, as efficacious as twice daily dosing with beclomethasone and may also improve patient compliance, say A&H.

Regular usage is essential for full therapeutic effect. Maximum relief may not be obtained until after three to four days of treatment.

Flixonase costs £11.43 for 30 days treatment compared with £5.01 for 25 days treatment with beclomethasone.

Manufacturer Allen & Hanburys Ltd, Greenford, Middlesex UB6 0HE

Description Aqueous suspension of microfine fluticasone propionate 0.05 per cent (50mcg in each 100mg of spray)

Uses Prophylaxis and treatment of seasonal allergic rhinitis including hayfever and perennial rhinitis

Dosage Elderly, adults and children

over 12 years Two sprays into each nostril once a day, preferably in the morning. In some cases two sprays into each nostril twice daily may be required. The maximum daily dose should not exceed four sprays into each nostril. *Children aged 4 to 11 years* Seasonal rhinitis: One spray into each nostril once daily. The maximum dose should not exceed two sprays into each nostril. Perennial rhinitis: Insufficient data available

Contra-indications, warnings etc Hypersensitivity to ingredients. During pregnancy and lactation, the possible benefits should be weighed against the potential hazards. Care while transferring patients from systemic steroids if adrenal function is impaired. Appropriate additional

therapy may be necessary, in certain cases, in the presence of an abnormally heavy challenge of Summer allergens, particularly to control eye symptoms. Extremely rare cases of nasal septal perforation have been reported following the use of intranasal steroids, usually in patients who have had previous nasal surgery

Side-effects As with other nasal sprays, dryness and irritation of nose and throat, unpleasant taste and smell and epistaxis

Supply restrictions POM

Pack Amber bottle fitted with a metering atomising pump, nasal adaptor and a dust cover, providing about 120 metered sprays

Licence number 0045/0153

Issued January 1992

From Glaxo to Evans

From February 1, Medeva are taking over responsibility for the sale of 30 Glaxo brands (52 product lines) in the UK (see *Business News*). These are: Beta-Cardone, Betnelan, Betnesol, Corlan, Cytacon, Cytacon, Dindevan, Eltroxin, Eudemine, Fentazin, Fersaday, Fersamal, Jexin, Marevan, Neo-Cytamen, Neo-Naclex, Parvolex, Predsol, Pregaday, Scoline, Tertroxin, Triodothyronine, Triptafen and Triptafen M. They will be marketed by Evans Medical. **Evans Medical Ltd. Tel: 0403 41400.**

Diocetyl update

Medo Pharmaceuticals say that a delivery of Diocetyl tablets will be distributed through the wholesale network at the end of January. Although production difficulties are not completely resolved, further deliveries are expected in the near future. Pharmacists will be informed once production is fully back to normal. **Medo Pharmaceuticals Ltd. Tel: 0494 772071.**

Methadone orders

The distribution of Wellcome's methadone hydrochloride 5g pack will be taken over by Martindale Pharmaceuticals from January 27. However Physseptone tablets and injection will continue to be available from Wellcome. Orders of methadone for licensed customers should be directed to: **Customer Services Department, Martindale Pharmaceuticals. Tel: 04023 86660.**

At Evans...

Evans have temporarily withdrawn glibenclamide tablets 5mg 100s and 1,000s and hydrous ointment 500g, and all back orders have been cancelled. In addition, their range of insulin injections has been discontinued; an identical source of product can be obtained from Fisons Pharmaceuticals (tel: 0509 63400), say **Evans Medical Ltd. Tel: 0582 608308.**

Ciba-Geigy OPDs

The following OPDs are being introduced: from February 3, Pertofran tablets 25mg (84 £2.99); from March 9, Ludiomil tablets 50mg (28 £3.01); and from March 15, Slow-Fe Folic tablets 160mg (28 £0.43, all prices trade). **Ciba-Geigy Pharmaceuticals. Tel: 0403 50101.**



Lamisil for nail infections

Sandoz Pharmaceuticals' broad spectrum allylamine antifungal agent Lamisil has been approved for use in the management of onychomycosis (nail infections) caused by dermatophyte fungi.

The duration of treatment for most patients is between six weeks and three months. In the treatment of toenail infections, a few patients may require treatment of six months or longer. They may be identified by

poor nail outgrowth during the first weeks of treatment.

Complete resolution of the signs and symptoms of infection may not occur until several weeks after mycological cure.

Contra-indications, warnings and side-effects are as per the Data Sheet, which has been amended to include this latest indication. **Sandoz Pharmaceuticals. Tel: 0276 692255.**

Britair add to wound dressings range

Britair are launching two non alginate dressings: Spyroflex and Spyrosorb. They are not available on FP10.

Spyroflex (5 £9.25) is indicated in the management of light exuding wounds such as minor trauma, and for skin closure as an alternative to skin sutures.

It is a flexible dressing, ideal for

awkward areas such as hands, faces and elbows, say Britair. Spyroflex protects the wound from water and bacteria, while providing a moist wound healing environment.

Spyrosorb (5 £9.90, both prices trade) is indicated in the management of light to moderate exuding wounds such as leg ulcers and pressure sores.

It has a specially developed outer semi-permeable film which responds to the exudate load. The moisture permeability changes in response to increases and decreases in exudate production. This ensures that the wound neither dries out nor macerates, and maintains a moist wound healing environment, say **Britair. Tel: 0252 333314.**

Cox additions

The generics range of Cox Pharmaceuticals is being extended with the following product introductions:

- Co-tenidone tablets 50/12.5mg (28 £5.85) and 100/25mg (28 £8.33): brown, circular tablets coded "AC62/G" and "AC125/G", and blister packed.

- Mebeverine tablets 135mg (100 £8.15): white, circular tablets coded "MV135/G" and blister packed.

- Prednisolone e/c tablets 2.5mg (500 £5.54) and 5mg (500 £10.22): circular, sugar coated, uncoded tablets in brown (2.5mg) or red (5mg), packaged in securitainers.

- Sulphasalazine tablets 500mg (500 £39.75, all prices trade): yellow, circular tablets coded "G/SE500", packaged in securitainers.

Further information on these products and special introductory prices are available from Cox territory managers or direct from **Cox Pharmaceuticals. Free-phone 0800 373573.**



WE'RE FLEXING OUR MUSCLES

Radian-B has the muscle-power to stay ahead of the competition:

- The Radian-B range is the fastest-growing topical analgesic brand.
- With our TV commercial, as well as campaigns in national magazines and the sporting press, plus PR support, we're toning up to reach No. 1.
- Radian-B Spirit Liniment now has the unique strength of unbreakable plastic packs.
- Unique formula Radian-B Mineral Bath Salts and Liquid are real winners, bathing away aches and pains and enhancing the rest of the range.
- Radian-B is the official supplier to the 1992 British Olympic team.

Stock up with the full force of Radian-B. Together, we make a great team.



FISONS
Consumer Health

We've done
a big job
on our nap

*Wider tapes that really
stick.*

*Ultra absorbent quilted
padding gives maximum
dryness.*

One on pies.

*New Anti-Leak Leg
Cuffs — doubly resistant
to all kinds of leaks.*

*Leakproof waistshield
halts over the top runs.*

Peaudouce Step by Step is more than just a nappy, it's a whole new range. Not only does it meet the changing needs of a baby at every stage of its development, it actually does it better — with double the leak protection right from Baby 1 to Junior 2.

How does it do it? The answer is brilliant new Anti-Leak Leg Cuffs. These clever elastic barriers hug the babies' thighs giving every kind of leak time to be absorbed. And we mean every kind of leak.



National TV support.



*Provocative headlines
in our heavyweight
press campaign.*

Peaudouce Step by Step is the best nappy in its class. We're so confident it'll be a winner we're backing it with over £5 million worth of support — blitzing National TV, the National Press and specialist Baby magazines, including a national promotion to stimulate trial. All designed to hammer home "double the leak resistance". It's irresistible. In fact it wouldn't be leaking anything to say it's going to make our Step by Step totally unstoppable.



*New product, compact
new packaging.*

For more information, call us on 0952-683215/683219.



Peaudouce (UK) Ltd,
Halesfield 25, Halesfield, Telford, Shropshire TF7 4LP

Prophylactic antibiotics queried for endocarditis

Patients with a heart lesion who are undergoing a medical or dental procedure are usually thought to be at risk of bacterial endocarditis. But nine out of ten patients with heart disease acquired endocarditis in some other way, according to results from a nationwide case-control study in the Netherlands.

The study, reported in this week's *Lancet*, found that endocarditis developed within 30 days of a procedure in only 13 per cent of the 197 patients who had a previously-diagnosed heart lesion.

The best estimate of protective efficacy was 49 per cent for first-ever endocarditis occurring within 30 days of a procedure. So in a developed country, compliance with endocarditis might prevent about five cases of the disease a year.

The authors conclude that although protective efficacy may be worthwhile for the individual patient, the effect is negligible on the scale of the whole population.

The study also mentions that in practice, prophylaxis is infrequently given and most patients with a high-

risk cardiac lesion undergo high-risk procedures without the use of antibiotics.

The findings also suggest that dental scaling represents a lower risk for endocarditis than other dental procedures such as dental root work or extraction.

Drug misuse role for pharmacists

Pharmacists have an important role to play in the prevention of misuse of drugs and medicines, especially those available over the counter, says a paper in the *International Pharmacy Journal* (volume 5, No 6, 1991).

The misuse of medicines is likely to increase with the growth in self medication throughout Europe, encouraged by Governments trying to reduce healthcare costs. This suggests that pharmacists should carefully monitor the sales of medicines and provide information about medicines and other health care matters to the public, say the authors.

In order to undertake these roles pharmacists will need to be aware of the changing patterns of drug and medication misuse. This will require closer liaison with agencies involved in the support and treatment of drug users.

The authors say that the production of a compendium listing the legal category of all drugs is essential.

Rhinitis diagnosis

People suffering from rhinitis may be prescribed antibiotics inappropriately by GPs who misdiagnose their condition, says Dr Bonnie Sibbald, senior research scientist at St George's Hospital.

Dr Sibbald's research has shown that GPs are more likely to diagnose rhinitis in middle class patients, whereas working class patients presenting with the same symptoms are liable to be told they have an infection. The established higher prevalence of respiratory infections in families from sub-standard or overcrowded houses may have influenced the GPs, she says.

In the study, Dr Sibbald contacted the 7,702 adults registered with a six partner South London practice. Rhinitis patients were identified and investigated to find out how many had presented to the GP, any diagnoses or treatments that had been made, and the accuracy of the diagnosis.

The results showed that GPs accurately diagnosed hayfever in 92 per cent of patients with classical Summer seasonal problems, failed to diagnose rhinitis in over half the patients with perennial symptoms and 44 per cent of those with seasonal symptoms (any season).

Dr Sibbald would like to see GPs give rhinitis a higher priority. Her study points to a substantial reservoir of diagnosed disease, both perennial and seasonal.

■ At the launch of Flixonase (see p118), Dr Stephen Durham, senior lecturer in allergy and clinical immunology, said that diagnosis of rhinitis can be made in 90 per cent of cases on patient history. He also stressed that allergen avoidance is an important but neglected aspect of management.

Water intoxication

For infants with diarrhoea, dilute formula feeds or other solutions containing inadequate sodium should not be given, according to an editorial in this week's *Lancet*.

The advice follows a "disturbing" rise in hyponatraemic convulsions in infancy over the last decade. Some 85 cases have now been reported although these have rarely been outside the USA.

SCRIPT SPECIALS

PILs for Glaxo steroids

Patient information leaflets similar to those in Betnovate pump dispensers are being introduced into other Glaxo topical steroid products including Eumovate, Betnovate and Dermovate.

The leaflets aim to provide the user with easily understood information on what the steroid preparation does, together with clear instructions on use. They cover the following points:

- what it does
- what is in it
- before using it — precautions
- how to use it — amount and duration
- side-effect information.

The section which gives information on quantities contains an outline diagram of a figure with indications of how much is required to treat different parts of the body. This information will be of particular use for patients who may have been told simply to "apply sparingly", say **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

Peak flow booklet

Vitalograph have produced a practical guide for health professionals engaged in prescribing or dispensing peak flow meters, or involved in training patients to use them properly. The booklet entitled "Peak Flow Seminar" (£3.99 inc. postage) is written by a medical practitioner and includes case studies. It is available from the marketing department of **Vitalograph Ltd, Maids Moreton Road, Buckingham MK18 1SW.**

Too little water has been replaced by too much in urban America, where hyponatraemia is now a more common complication than hypernatraemia in gastroenteritis. If unrecognised, hyponatraemia can cause death from respiratory arrest and brainstem herniation.

The most important factor causing hyponatraemic convulsions seems to be administration of dilute formula feeds together with up to one litre of water a day. Incidence is higher among children from deprived inner city families where, for example, water is given when the family run out of feeding formula, or because of diarrhoea.

Reduction in salt content of infant formulas may also be an important causative factor. Breast feeding also seems to be protective as only one of the 85 infants reported was breast fed.

Undernourished infants may also be at greater risk because although over four litres of free water a day can normally be excreted by infants, glomerular filtration rate and tubular sodium reabsorption may be reduced in the undernourished.

The authors note that "water intoxication" has not been recognised in the UK where it is easier for deprived families to receive sufficient formula feeds. Pasturised milk, which is high in sodium, is also introduced earlier in life in the UK.

D&TB on fluoxetine

There is no convincing evidence that fluoxetine is responsible for increasing suicidal ideation and causing violent behaviour in depressed patients, but whether it increases hostility and aggression remains an open question, concludes the latest *Drug and Therapeutics Bulletin*.

It says, however, that the controversy over fluoxetine emphasises a general point applying to all drugs: that doctors must be

alert to rare idiosyncratic effects which might arise exceptionally in clinical trials.

In addition it should remind prescribers to be alert to the risk of suicide in the early stages of treatment of depression by asking explicitly about suicidal ideation. The problem should be explained to patients and their families, and reinforced in particular it is also worth reporting irritability, hostility or aggression, says the *Bulletin*.

Identification codes for US solid dosage forms

A four-digit identification code to appear on all tablets and capsules has been proposed by the United States Pharmacopeial Convention.

The move would mean that all branded and generic solid dose forms for a specific drug would bear the same code. This follows concerns that patients are often

confused by the many colours and sizes in which a single drug is available.

Keith Johnson, director of USP's drug information division, says the concept of the plan is to link products that are equivalent, so even if they look different the identification codes will reassure consumers that they are the same medicine.

Quoted in *American Pharmacy* (January 1992), Mr Johnson goes on to say that the system should also help pharmacists, physicians and nurses identify tablets and capsules much quicker than is currently possible.

Depending on comments, the USP may start assigning codes for the voluntary scheme in the next month or two. However, manufacturers wishing to participating may find it cumbersome and costly to make the switch immediately.



They're so advanced. They help sore throats, and profits soar.

Merrell throat lozenges are different. Take Merocaine. Firstly, it is highly *effective*. It contains cetylpyridinium chloride, considered by expert opinion to be an outstanding antibacterial active ingredient to put in a lozenge.

Secondly, it contains benzocaine. An effective local anaesthetic to ease the pain. Thirdly, it is *gentle*. It soothes rather than irritates. It has an inherently useful coating action.

Finally, it produces an exceptional profit margin for you. In fact there is no higher absolute cash return than from Merocaine.

Not surprisingly, Merocaine is Britain's best selling sore throat lozenge in pharmacies.

There are two other effective and popular Merrell throat lozenge products: *Merocets*, without anaesthetic, and *Merothol*, with menthol and eucalyptus. These are *only* distributed through pharmacies. Display them all. You can recommend them with confidence.

Merrell Medicines



Counterpoints

Pond's gets cream for day and night

February will see the launch of Ponds Hydro-Nourishing moisturiser, said to offer the benefits of a night cream in a light formulation also suitable for day time use.

It is expected to appeal to consumers who require extra-nourishing protection for skin during daytime, as well as to those who prefer the simpler routine that a combined night and day cream can provide.

Hydro-Nourishing cream replaces Original Ponds night cream. It is available in a 100ml jar (£3.35), and also a 75ml tube (£2.65) which is designed to appeal to younger users. Both products are boxed in white packaging with purple and silver graphics incorporating the Ponds tulip motif.

Hydro-Nourishing cream will be supported with a £1 million national television campaign running from March to the end of April. A major sampling scheme will include covermounting operations in the women's



Press and a display tray with 30ml trial size packs priced at £0.95 is also available.

Meanwhile the complete Pond's skin care range has been repositioned at the end of the functional mass

market sector. Packs now include skin type descriptors and 50ml sizes have been deleted. Vanishing Cream has been renamed Shine Control. **Elida Gibbs Ltd.** Tel: 071-486 1200.

Rimmel touch up on nail care

Rimmel have relaunched their nail care collection, bringing the packaging in line with the rest of the range.

The nail care range comprises polish remover (100ml £1.35), which comes in a plastic bottle; cuticle remover (12ml £1.69); Positive Touch, a strengthening product (12ml £3.29); nail protector (12ml £1.69); base coat and ridge

filler (12ml £1.69); top coat and sealer (12ml £1.69); French manicure system polish (12ml £1.69) in three shades and rich colour nail polish (12ml £1.69), which comes in 19 shades.

The new look range will be supported at point of sale with a consumer leaflet incorporating a money off next purchase coupon. **Rimmel International.** Tel: 071-637 1621.

Tempting Spring colours from Dior

Christian Dior's Spring look is called Tentation, comprising pastel and spicy shades.

New for eyes are two five colour eyeshadow palettes — Sugar (pastels) and Spice (warm shades) (£25); two shadow duos (£15.50) in Pepper/Cumin and Cinnamon/ginger, and Night Blue Mascara Parfait (£10.50).

New colours for lips and nails (£10.50, £9) are Honey, Fig, Cherry and Raspberry. For the face, Teint Actuel (£22) comes in Golden Brown and Teint Poudre (£21.50) in Havanna. Loose powder (£19.50) comes in Summer Sun and Blush Final (£18) in Ardent (copper) and Vivacious (fuchsia). **Parfums Christian Dior.** Tel: 0273 515021.

Ladybird offer with Sanatogen

Sanatogen are offering an on-pack promotion with their children's vitamins brand.

On sending two bar codes from the bottom of Sanatogen Children's 30s packs, consumers will receive a Ladybird book from a choice of 18 different titles.

Point of sale material will highlight the promotion. **Fisons Consumer Health.** Tel: 0509 611001.

Taylor gets romantic launch

The Taylor of London range of traditional soaps and toiletries is being repackaged.

The product range has also been divided into three categories. Traditional incorporates soaps, bath products and eau de toilette. Environmental includes pot pourri and room spray and Aromatherapy comprises aromatic oils. **Fine Fragrances & Cosmetics Ltd.** Tel: 081-979 8156.

Tone up for Spring!

Outdoor Girl is already looking to the bright shades of Spring with its new collection, Nature's Brights.

New for eyes are muted shadow trios Morning Mists (purple, pink and silver) and Dusky Sunset (bronze, honey and cream) (£2.45 each). New brights for lips and nails are Pink Alert and Scarlet Shout (lipstick £1.99, nail polish £1.79). **Max Factor Ltd.** Tel: 0202 524141.

Vicks reminder

Procter & Gamble are reminding pharmacists that stocks of original Vicks Chloraseptic spray, replaced by Vicks Ultra Chloraseptic (C&D, Counterpoints, November 16), should be returned to wholesalers for credit. Full details from wholesalers.

Tropical appeal

The Rimmel Spring collection is called Island Paradise and it mixes bright, '70s inspired shades with warm, neutral tones.

For eyes there are Pearl Eyes shadow duos (£1.89) in coral and chestnut or saffron and olive. Shadow singles (£1.19) come in vibrant orange and sunny yellow. Eye liner pencil (£1.19) comes in ebony, brown, olive and golden chestnut.

For cheeks there is new cream blush (£1.49) in tan or pinky-peach. New for lips is sheer lip colour (£1.99), a moisturising lipstick, in tawny pink, sheer chestnut, pinky red and sheer peach. There are four new shades of toning nail colour (£1.69).

Rimmel are also offering a free bandeau scarf in brightly coloured chiffon (worth £7) when £5 or more is spent on Island Paradise products. **Rimmel International.** Tel: 071-637 1621.

Loveable offers from Numark

Numark are offering pharmacists a special promotion on their natural range of toiletries for Valentine's day.

Throughout February there is a 10 per cent discount with a minimum order of three packs from the natural range. And there is a 15 per cent discount on orders of one or more packs

of each product from the range. Seasonal point of sale packs are available.

Other offers for the month include new Andrex extra large white tissues (£0.95), Gillette foam (£0.99), Simplicity Super 10s (£0.99), Slim Fast (£4.99) and Timotei shampoo (£1.19). **Numark.** Tel: 0827 69269.

Extra large Andrex tissues

Scott have launched Andrex Extra Large facial tissues and are relaunching Andrex Family tissues with new packaging.

The launch of the facial tissues will be supported by a £1m advertising and PR campaign. The tissues come in white only. **Scott Ltd.** Tel: 0342 327191.

Eye catching display for Vocalzone

Inphormed have produced a bright new counter display unit for their Vocalzone pastilles.

The unit features a town crier and the slogan: "Keep a clear voice with Vocalzone". **Inphormed.** Tel: 0962 878811.

Calpol® Extra Tablets Product Information

Presentation: Each pink tablet contains 500mg Paracetamol BP, 5mg Codeine Phosphate BP and 10mg Caffeine BP.

Uses: For the relief of pain and feverishness, associated with headaches, colds and influenza, toothache, period pains and rheumatic pains.

Dosage and administration

Adults and children over 12 years: 2 tablets up to four times daily. Not more than 4 doses should be

administered in any 24-hour period; do not repeat dose more frequently than 4-hourly.

Contra-indications, warnings, etc

Contra-indications: Hypersensitivity to any of the constituents.

Precautions: Use with caution in the presence of renal or hepatic dysfunction. No data are available on the use of Calpol Extra tablets in pregnancy and lactation.

Side and adverse effects: Side effects with Calpol

Extra are rare in therapeutic doses. Paracetamol has been widely used and reports of adverse reactions are rare, and are generally associated with overdosage. Codeine may sometimes cause constipation on chronic usage.

R.S.P. £1.14 for Pack of 12 Tablets, £2.04 for Pack of 24 Tablets

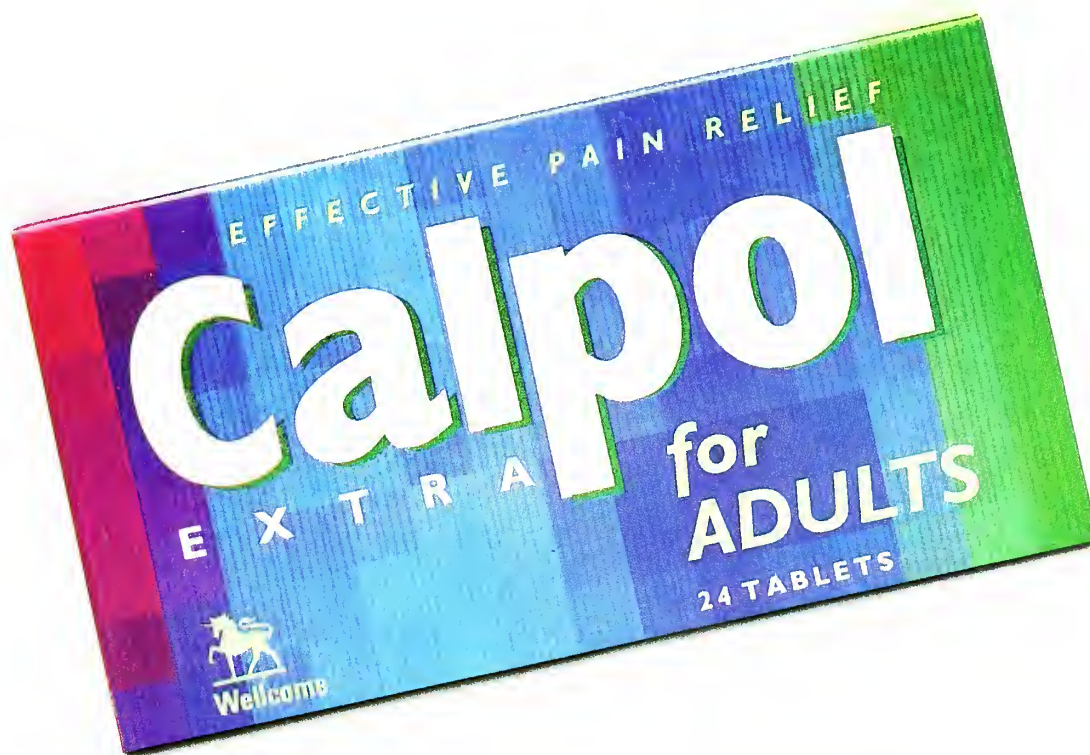
Legal Category: CD (Sch 5), P

Further Information: Available on request.



Wellcome

Extra, Extra, read all about it.



For years parents have trusted Calpol to give fast relief from aches, pains and fevers.

Now Wellcome offer that same effective pain relief for adults, with new Calpol Extra.

Each tablet contains paracetamol and codeine, both highly efficient analgesics which work quickly to soothe

away pain associated with headaches, colds, influenza, toothaches, period pains and rheumatic pains.

So, the next time you're asked for fast, effective pain relief recommend new Calpol Extra for adults.

After all, you've been trusting Calpol for years.

**Calpol Extra for Adults
for fast, effective pain relief.**

Grafic makes waves

Laboratoires Garnier have launched Grafic Waving Mousse (200ml, £2.59), designed to appeal to the 44 per cent of women who describe their hair as wavy.

Softer, natural looks require condition, body and movement rather than strong hold or curl revitalisation, says the company. Grafic Waving Mousse is said to enhance either permed or natural waves with a conditioning formula which helps eliminate frizz.

Two other Grafic mousses — Gel Mousse and Volu-Mousse — will be available during January and February as free 75ml trial sizes. A free twin speed hairdryer is also on offer



with purchase of any two Grafic products. **Laboratoires Garnier. Tel: 071-937 5454.**

Awards end

Robinson are bringing their Registered Pharmacy Recognition awards to an end, with effect from March. The tokens will be redeemable against goods until the end of March. **Robinson Healthcare. Tel: 0246 220022.**

Ecological offers

Montagne Jeunesse have started the year with a new Press campaign in women's magazines. And special Valentine's day offers, including passion fruit variant, will be promoted in the teenage Press. **Addis Ltd. Tel: 0992 584221.**

One Step on TV

Alberto One Step will be advertised on television from February with a new campaign, featuring the new pack. **Alberto Culver. Tel: 0256 57222.**

Olympic support

Radian-B are the official suppliers of topical analgesics to the British Olympic team. The link will be highlighted on pack and at point of sale. **Fisons Consumer Health. Tel: 0509 611001.**

Golden touch

Guerlain have added a gold liquid eyeliner to their range of cosmetics (£12.95). **Guerlain. 081-998 1646.**

M&S vouchers

D E Pharmaceuticals are offering pharmacists free Marks & Spencer vouchers on all orders of generic and parallel import products. **D E Pharmaceuticals. Tel: 0661 35755.**

Less mess

AAH have introduced an own label 600ml sterilising fluid

(£1.19) featuring a non-spill cap, said to prevent leakage. It replaces the existing 1,000ml bottle. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

Prize winner

Helena Rubenstein's Nutritional Response dry skin cream has been awarded the 1991 Prix d'Excellence in an award organised by *Marie Claire* magazine in France. **Helena Rubenstein Ltd. Tel: 081-979 7744.**

Easter ideas

Bronnley are already preparing for Easter with a selection of novelty gift products. Packed in illustrated tins are egg shaped 100g soaps in the Daffodil fragrance (£2.95). A wicker nest will be available for display, full of egg soaps in the five almond oil fragrances — Daffodil, Camellia, White Iris, Rose Geranium and English Fern (£1.25 each). A wicker duck basket carrying an individual Daffodil egg soap with matching ribbon retails at £1.95. **H Bronnley & Co Ltd. Tel: 0280 702291.**

It's a peach!

Woods of Windsor are launching Peach Blossom fragrance at the International Spring Fair. A large range of toiletries will be available in the new fragrance. **Woods of Windsor Ltd. Tel: 0753 855777.**

Fresh support

Warner Lambert are supporting Listerine in 1992 with a £2.5 million television campaign. Additional support will include 30p off coupons on 200ml bottles of Coolmint, redeemable against the 600ml size. **Warner-Lambert Health Care. Tel: 0703 620500.**

Dettol helps charity

Dettol are joining forces with St John Ambulance to help train 3,000 cadets.

Until the end of February all Dettol original packs, with the exception of the 125ml size, will be flashed "Help train 3,000 St John cadets." For every pack sold Reckitt & Colman will make a donation to the organisation. **Reckitt & Colman. Tel: 0482 26151.**

Ever Ready on film

Ever Ready have introduced a range of rechargeable camcorder batteries, an alkaline stand-by pack and a universal charger powered by in-car cigarette lighter sockets.

Ever Ready claim their battery range will fit 90 per cent of camcorder models and all carry a 12 month guarantee. For VHS-C models there is the BP20 (£39.99) and BP96 (£36.99). For 8mm models there is the BP55 (£24.99) and BP77 (£44.99). The high capacity BP722 is for Canon models.

The new SBP55 is a stand-by pack designed for 8mm Sony and Sanyo models and comprises a case holding six LRC Gold Seal batteries. It acts as a replacement for the BP55 (£9.99).

The new recharger (£26.99) can be powered by in-car sockets if there is no access to a mains supply. **Ever Ready Ltd. Tel: 081-882 8661.**

Toughen up!

Bourjois have introduced Calcium Formula Nail Care System, a range of four calcium enriched products designed for nails.

Durcisseur base coat can be used alone as a clear polish or as a base coat. Fortifiant anti-choc nail polish is available in two natural shades, pale pink and peach. Fini Parfait top coat seals and protects nail polish.

Soin Parfait is a treatment product said to strengthen and protect the nail. It has a pale tint and can be used alone or under nail colour. The products all retail at £2.99. **Bourjois. Tel: 071-287 3051.**

Unichem offers for February

Unichem have a range of discounts for February, including a 41 per cent profit on return on the Simple range. The rich moisturising lotion is available at £8.35 for six at a retail price of £2.75. Hairspray is offered at £10.25 for 12 and a retail price of £1.69.

Lil-lets are offered at up to 28 per cent off the normal trade price. Mini 10s are

offered at £5.39 per outer. Vidal Sassoon's Wash & Go is on offer at £9.09 for six with a retail price of £2.39.

The full Belle Color range is on offer at £4.94 an outer, giving a POR of 35 per cent.

Elastoplast Microporous tape has a special offer trade price of £7.38 and a retail price of £1.29. **Unichem. Tel: 081-391 2323.**

Haliborange gets TV support

Reckitt & Colman are supporting their Haliborange range with a second burst of their television campaign, running until March 1.

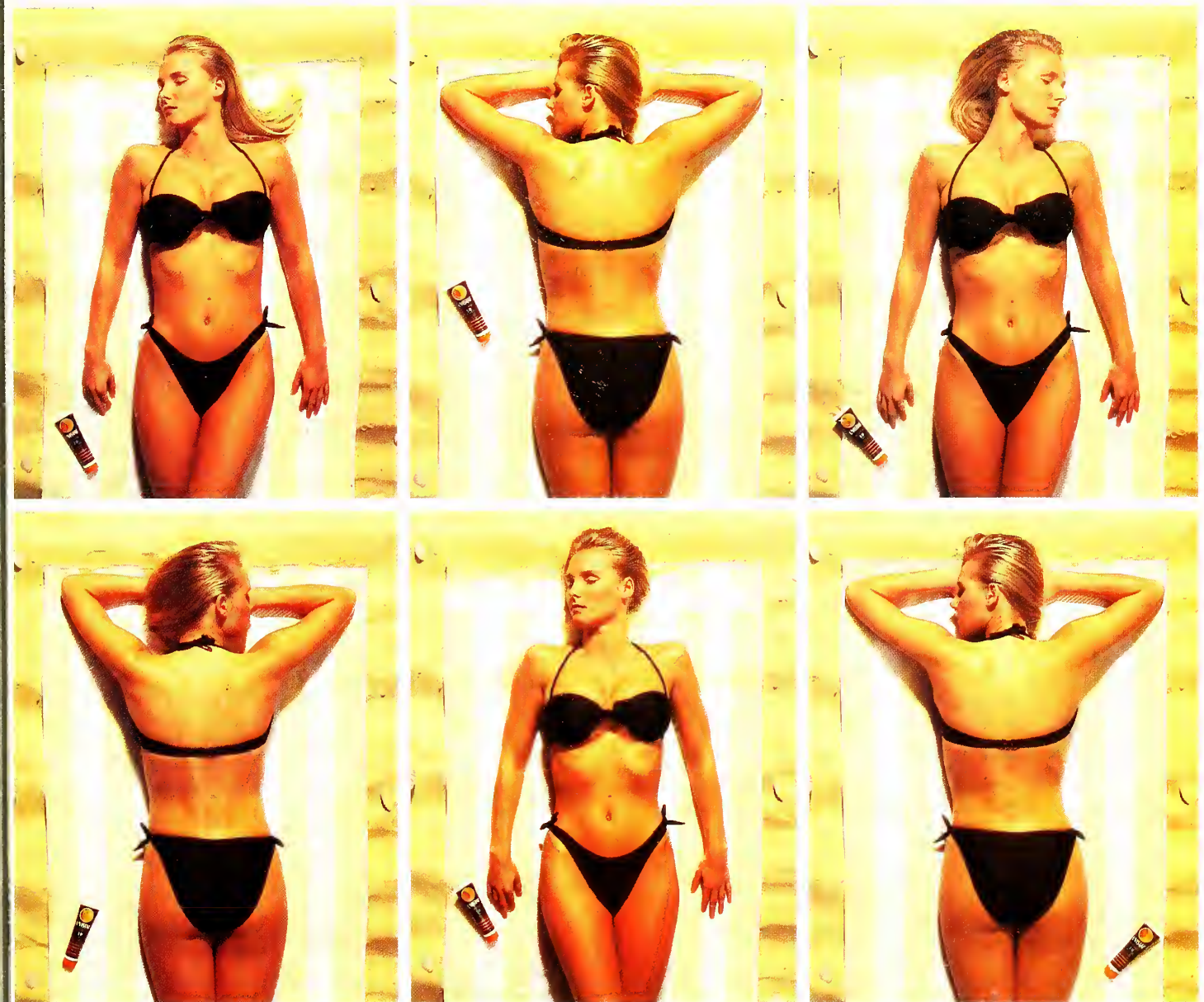
In addition, Haliborange multivitamin liquid will be advertised in the parental Press. **Reckitt & Colman Products. Tel: 0482 26151.**

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granada	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TSW South West	HTV Wales & West
CTV Channel Islands	TTV Thames Television	TVS South
LWT London Weekend		TT Tyne Tees

Actifed:	All areas except U
Anadin Paracetamol:	All areas except G
Beecham Hot Remedies:	All areas
Benylin cough treatments:	All areas
Canderel:	LWT, G, Y, TVS, TSW, CTV, A, TV-am, C4
Colgate — Great regular flavour:	All areas
Cough Caps:	All areas
Day Nurse:	All areas
Halls Mentholyptus:	All areas except STV, LWT, TTV & TT
Hofels Garlic Pearls:	G, Y, C, A, HTV, TSW & TT
Just for Men:	All areas except TTV & TV-am
Le Condom:	STV, G, TT, C4
Lemsip Night Time:	All areas
Listerine:	All areas
Macleans sensitive:	All areas
Mu-Cron:	All areas except LWT, TTV & TV-am
Night Nurse:	All areas
Braun Oral B Plaque Remover:	All areas
Panadol Extra:	STV, B, G, C, HTV, C4, TV-am
Rennie:	All areas
Sensodyne toothpaste:	All areas except CTV, C4 & TV-am
Seven Seas Evening Primrose Oil:	TV-am
Seven Seas Pure Cod Liver Oil:	All areas
Sinutab:	All areas
Slim-Fast:	All areas
Solpadeine:	STV, B, G, C, HTV, C4, TV-am
Veno's:	All areas
Wrigley's Extra & Orbit	G, A, HTV, TSW, TVS & LWT

UVISTAT'S TURNOVER IS UP 16%.



When the market was in decline, we were on the climb: a 16% increase in sales value over a year and consistent growth over 3 years.

It's not that surprising when you consider the product. Uvistat has pioneered

a range of sun creams and lotions which give you the broadest spectrum protection available.

The really good news for you is that unlike any other major suncare brand, Uvistat and Babysun are sold exclu-

sively through the pharmacy.

So you could be on a lot of people's shopping lists this year. Especially when they've seen the £1 million worth of national advertising, PR and direct mail.

Before you turn over the

page, contact your territory manager for more details and the special pharmacy bonus deals for the 1992 season. Just call 0344 484448.



UVISTAT

THE GENTLE ART OF SUN CONTROL.

Nielsen Consumer Data, Total all outlets, sales value 12 months ending August 1991

There was once a widely held belief that medicines which were NHS prescribable and which could also be sold OTC should not be advertised direct to the public. Recent marketing trends have led *C&D* to question what has happened to this assumption

Prescription for success OTC?

The idea that prescribable medicines should not be advertised to the public had its roots in early NHS days.

In 1954 the Cohen Committee, set up to look at various implications of NHS prescribing, expressed concern about the effect on doctors' clinical freedom — as well as the cost implications — if patients came into the surgery demanding medicines they had seen advertised. The view was merely a recommendation but resulted in an understanding between drug companies and the Government that advertising of prescribable medicines would be unwise.

So if companies wanted to promote such a medicine to the public they tended to launch the compound under another name. But attitudes have changed, and in recent months major campaigns have been announced for prescription brands such as Asilone, Gaviscon and Fybogel. There are signs that more are to follow.

When *C&D* asked Reckitt & Colman why they took this route, a senior executive replied "Why not? It just seemed the right thing to do at the time."

And indeed, why not? Nothing is laid down in any Regulations or industry codes of practice to prevent the advertising of a medicine pharmacists can legally sell over the counter. The Association of the British Pharmaceutical Industry's code forbids the advertising of POMs to the public, together with medicines which are "legally limited to promotion for sale or supply only on prescription".

Another clause states that "Statements must never be designed or made for the purpose of encouraging members of the public to ask their doctor to prescribe a product." An ABPI spokesman explained that the latter would apply to blatant statements such as "ask your doctor to prescribe this for you" but not to the general advertising of a prescribable medicine, for which he was unaware that any problems had arisen.

The introduction of the limited list in 1985 was one of the major factors prompting manufacturers to give more attention to the OTC sector. The Government aimed to encourage individuals to treat minor ailments themselves and some manufacturers were forced to turn to the OTC market when popular script brands such

as Benlyn were blacklisted.

The same year a question was asked in the House of Commons as to whether medicines reimbursable under the NHS could be advertised to the public, and the Health Minister replied that this was acceptable.

DoH gives "OK"

The Department of Health confirmed last week that it had nothing against the advertising of prescribable medicines.

"There's no problem as long as the advertising is within the terms of the product licence," a spokeswoman told *C&D*. When asked about the possible pressure on doctors, she replied: "It is up to doctors to prescribe the medicines they feel are best for their patients."

Nevertheless, there is still a lingering suspicion in some companies that this is a "grey area" and that high profile campaigns could in some way increase the risk of a product being blacklisted.

The '80s also saw a trend towards deregulation of products from POM to P, again encouraging patients to buy

their own medicines from pharmacies and reinforced by "Ask your pharmacist" campaigns. Some of these products had limited OTC indications and so were given new names for their OTC promotion while the POM version and its promotion to doctors continued unchanged.

Loperamide and astemizole were both limited by their pack sizes. The former was a P medicine in packs of a maximum 18 while astemizole was restricted to 10; above this they became POM so could be promoted only to doctors. Janssen decided that punchier brand names were needed to appeal to the public and hence introduced Arret and Pollon-eze.

Andrew Tasker, group product manager, Marion Merrell Dow, said that when Seldane was launched as the OTC version of terfenadine, research showed there were two distinct sectors in the hayfever market — one for pharmacist-recommended brands and the other for advertised brands.

"The customer who asks the pharmacist for advice when

buying a hayfever remedy is not necessarily the same customer as the one who decides to buy a product he has seen advertised," he says.

Far from alienating pharmacists with a proliferation of brands, the company's decision to market a specific OTC product was well accepted by pharmacists who still wanted an unadvertised product they could recommend themselves.

Similarly, Napp Laboratories decided to launch the Betasept range as the advertised equivalent of Betadine because they felt there was potential for an effective antiseptic range aimed specifically at consumers.

Crookes Healthcare, who acquired Asilone in 1989, claim that they make a clear separation between the prescription business and the OTC sector when promoting the brand. They have maintained the suspension as the product promoted to and prescribed by doctors, while developing the liquid and tablets as OTC products for purchase through pharmacies. The OTC products have been supported by advertising and an educational public relations campaign to both healthcare professionals and consumers.

The cost factor

Another factor influencing attitudes to the OTC sector is rising prescription charges. The Proprietary Association of Great Britain's Gopa Mitra says: "I don't think that advertising will make patients go back to the surgery to demand the brands on prescription. Many of those brands are now a lot cheaper when bought OTC, particularly if they are in small packs and the consumer is using them for the intended purpose, that is for the short term relief of symptoms."

She believes that forthcoming European legislation will have little impact on the current situation in the UK. Member States will be allowed to make their own decisions as to which medicines should be reimbursed under that country's healthcare system and individual states will also decide for themselves whether or not medicines which are advertised to the public are reimbursable.

Asked if she thought there would be a growing trend for companies to advertise prescribable brands, she replied: "It's very much up to individual manufacturers to decide."



The big fish in multivitamins has launched a one-a-day cod liver oil capsule.



Each one has all the goodness of 3 standard capsules. And we're backing the launch with heavyweight regional TV support and a major on-pack promotion in the Spring.



We're also official suppliers to the British Olympic team. So watch out for record-breaking sales.

Sanatogen®



Call 0509 611001 Ext. 24242 for free P.O.S materials.

TCP - 75 not out!

A product which started life as a possible cure for venereal disease is now common place in family medicine cabinets. C&D examines why TCP has proved such an enduring brand

In 1917 Count Callimachi, a Romanian biochemist working in London, invented what he hoped would be a cure for venereal disease. He named the liquid "TCP" believing it contained trichlorophenol. Although not effective against VD, TCP's antibacterial action was recognised and the product developed.

Initial production was carried out on a small scale in a factory in Willesden. Bottles were hand filled and deliveries to local chemists made by a team of young female assistants on bicycles.

In 1923 production was taken over by British Alkaloids and in 1963 the brand was bought by the Pfizer Group. Sales were transferred to Unicliffe Ltd and in 1976 production moved to Sandwich in Kent.

Since its introduction TCP has gone from strength to strength. Despite the fact that today's consumers, unlike their Georgian counterparts, are used to being offered a specific product for a particular ailment, TCP's multi-purpose positioning is still successful.

Arthur McCarten, director of distributors Food Brokers, believes that TCP's strong market position can be attributed to two factors - its longevity and proven efficacy.

TCP is based on phenols, halogenated phenols and sodium salicylate. Its dual antiseptic and anaesthetic action helps soothe pain and fight infection. This makes the product ideal for cuts and grazes, bites and stings, oral hygiene, sore throats, spots, and minor burns.

Advertising

For over 50 of its 75 years, TCP has been supported by carefully targeted promotional activities. The first Press advertising began in 1939 and, during the war, campaigns concentrated on keeping the British workforce healthy and productive. Daily doses of TCP were also advocated for children as a preventative measure.

Typical advertising catchlines from the 1930s and '40s included: "How to avoid catching colds and shelter sore throat" and "Here is a proved way of reducing Winter illness absenteeism in industry".

In the 1950s advertising was targeted at the family, and British Alkaloids were one of the first companies to produce an educational booklet - "When you have to be a home doctor".

Although advertising copy, illustrations and models may have changed, the product's claims and marketing strategies have remained remarkably



The brains behind the product - TCP's inventor Count Callimachi similar. This has led to high brand awareness and loyalty among a broad base of users, says Mr McCarten.

In the last three years, TCP has benefited from an annual £1 million consumer advertising spend. In 1991 it was advertised for sore throats from January to March, for bad breath from March to June, and in August for cuts and grazes. This was on top of TCP Ointment's year round advertising for haemorrhoids.

In the last two years, an

McCarten. "The brand is perceived by consumers as a traditional home medication and is affectionately associated with parental, especially maternal, care."

TCP appears in over 40 per cent of household medicine cabinets. The most common usage is for gargling, as a mouthwash and for children's cuts, grazes, bites, stings and recently pierced ears.

"Qualitative consumer research conducted in 1990 found TCP to be an ally - reliable, versatile,

for the product to be displayed with similar products on pharmacy shelves. Some 70 per cent of TCP is used orally and by that reckoning it should be positioned with oral hygiene products. However, consumers wanting TCP for first aid will not think to look for it in the oral care section.

To maximise sales, TCP should be displayed in a number of relevant sections, says Mr McCarten. Specific products such as TCP ointment for haemorrhoids should appear with like products.

As for 1992, Food Brokers continue to be committed to advertising. Mr McCarten also believes there is scope to place a greater emphasis on TCP's anaesthetic properties. Following the introduction of orange TCP pastilles in 1991, this part of the range is set to be improved with the company putting a sizeable amount of money behind the brand.

There are also plans, as yet undisclosed, for a new, "quite radically different", product in the range, promises Mr McCarten. "We will continue to market TCP as a unique, multi-purpose product and will support the brand all-year-round, as well as seasonally capitalising on sales peaks. Our efforts will be aided by the fact that the market is overcrowded. Common sense dictates that only those products which offer real, tangible benefits to consumers will survive in the long term."

Food Brokers have no doubts that TCP will still feature on pharmacy shelves and in medicine cabinets after another 75 years - in 2067!



Those were the days - an early production line for TCP liquid

information leafleting programme targeting practice doctors and nurses has been carried out and a range of consumer healthcare booklets have been produced.

"We believe in taking the TCP message through all communication channels. It is essential to initiate professional recommendation by doctors, nurses and pharmacists," says Mr McCarten.

Perceptions

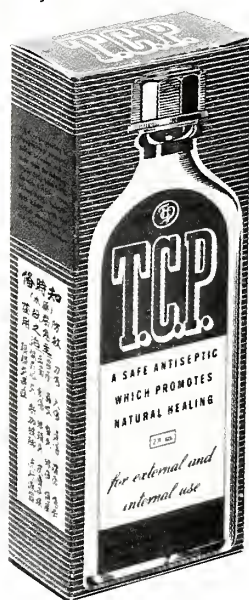
New consumer research shows that TCP is still seen as a versatile, all-purpose treatment for a variety of ailments, says Mr

tried and trusted - an essential stand-by in medicine cabinets," says Mr McCarten.

Where next?

"A bit of a sleeping giant" is how Mr McCarten describes TCP. Although sales have increased year-on-year at rsp, there is scope for further improvement. As a multi-purpose product, TCP has good year-round sales. However, there are also two peaks - the Winter coughs and colds season and the Summer holiday season.

Because consumers use TCP for different purposes they look



How it used to look on shelf

SUDAFED

Major £3¼m national newspaper campaign



WINTER ADVERTISING 1991/92

ACTIFED

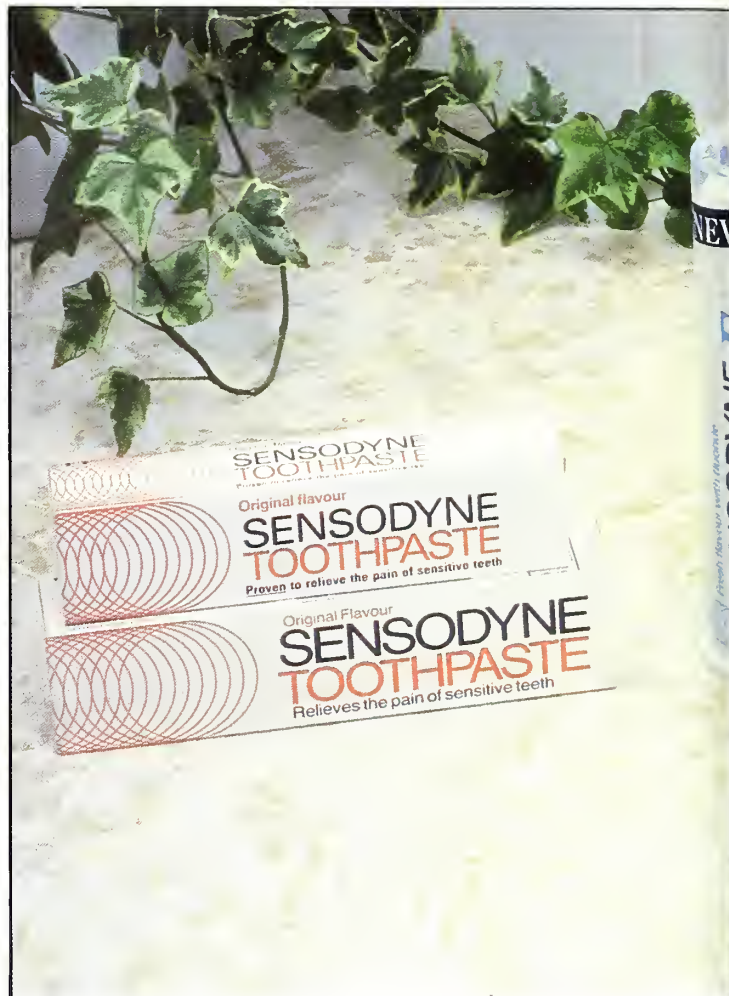
Major new £1.5m national TV campaign



New, eye-catching point-of sale display is available from your local Wellcome Consumer Healthcare Representative

Research has shown that one in three adults suffer from sensitive teeth. Of the estimated 6 million sufferers in the UK, many have still to discover the benefits of a sensitivity toothpaste. Stafford-Miller's total commitment to their Sensodyne range continues to change all this. Sensodyne remains the No 1 toothpaste in the pharmacy sector¹

Number one goes from strength to strength



The Sensodyne range of toothpaste



Sensodyne television advertising is on air for 70% of the year



Thirty years ago, Stafford-Miller introduced Sensodyne toothpaste onto the UK oral hygiene market, the first product to be specifically formulated to help overcome the problem of sensitive teeth. Since then, the sensitivity market has gone from strength to strength, and currently accounts for £23 million of the total toothpaste market's annual £188m.¹

One thing that hasn't changed over the 30 years is that Sensodyne is still out in front! Currently the brand has a share in excess of 90 per cent of the sensitivity market within the pharmacy sector and in excess of 20 per cent of all pharmacy toothpaste sales¹. Research data shows that Sensodyne consistently out-performs the growth of the total toothpaste market.

While overall toothpaste sales have shifted in recent years from the pharmacy to the grocery sector, the sensitivity sector continues to be a pharmacy stronghold. These premium priced products, combined with a high level of dental endorsement and advertising support, offer pharmacists an opportunity to capitalise on a growing market. Research showing that up to 50 per cent of sensitivity sufferers have not received any treatment for the condition² proves there is still considerable scope for market growth. Stafford-Miller aim to increase the public's awareness of the problem and the fact that regular use of a sensitivity toothpaste can help.

Dental recommendation

One of the most important aspects of the Sensodyne range is the emphasis Stafford-Miller place on professional endorsement. The brand is recommended by 94 per cent of UK dentists and dental recommendation accounts for 61 per cent of first time users of Sensodyne. Sensodyne F was one of the first toothpaste brands to be accredited as part of the British Dental Association's accreditation scheme which aims to help consumers choose products which perform in accordance with the manufacturer's claims.

Accreditation is only awarded after independent experts rigorously examine the product's clinical data. As a result, Sensodyne F packs now carry the BDA accreditation symbol meaning that consumers and retailers alike can be assured that the product is effective, Sensodyne F received accreditation for both its sensitivity claims and its anti-caries action.

Over the past 20 years Stafford-Miller have employed the largest professional dental sales force in the UK, calling on every surgery at least three times a year. During 1992, the company will distribute a record 5 million samples. This activity is backed up by dental advertising and sponsorship.

Consumer choice

Sensodyne offers consumers a range of products to suit their needs. There are two active ingredients and three flavours — strontium chloride (Sensodyne Original and Mint) and potassium chloride (Sensodyne F).

Dentinal sensitivity occurs when, due to plaque build-up, gums become inflamed and separate from the tooth's enamel. This exposes a highly sensitive area called dentine. The most widely accepted theory which explains why pain is felt is based on the fact that dentine contains many tubules. When a stimulus is applied to the dentine, it produces rapid movement of fluid within these tubules, exciting the intradental nerves. Strontium chloride acts by preventing this movement of fluid and so relieves the pain.

Potassium chloride can be combined with a clinically effective level of fluoride to help combat dental decay. Potassium chloride acts by altering the concentration of potassium ions around the intradental sensory nerves. This reduces sensory nerve activity and diminishes the response to painful stimuli.

New clinical trials investigating the effectiveness of potassium chloride in Sensodyne F showed that "at 2 weeks an effect is seen on sensitivity which is consistent with a rapid onset of action" and that "tactile sensitivity continues to show incremental improvement at 12 weeks, suggesting that improvement will continue beyond this point with continued use of the toothpaste".³ In other words,

Sensodyne F works quickly and builds up protection with continued use.

The three Sensodyne variants are available in 45ml and 75ml tubes. Sensodyne F is also available in a pump dispenser. Research has shown that pumps are particularly popular with younger users and currently account for 17 per cent of all toothpaste sales.¹

The choice offered by Sensodyne in terms of flavours and active ingredients is one of the reasons why the brand is popular, says consumer research.² Sensodyne is trusted to quickly relieve the pain of sensitive teeth⁴ and dentists and hygienists are known to recommend it.²

In addition, consumers like the taste and the way Sensodyne cleans their teeth and keeps their breath fresh — proof that you don't have to compromise on the performance of ordinary toothpaste just because you have sensitive teeth.

Marketing Support

Every year since 1982, Sensodyne has been supported by heavyweight television advertising. Research-proven commercials have been aimed at sensitivity sufferers and have built significant levels in incremental business. This year will be no exception with the Sensodyne range on air from January for 70 per cent of the year.

Stafford-Miller also use sports sponsorship particularly to appeal to younger sufferers — an approach which also helps enhance a healthy image for the product. This year, extensive PR support in key women's magazines will aim to educate users and non-users alike through advertorials and reader offers.

Commitment

Stafford-Miller's number one position in, and their total commitment to, the sensitivity market all adds up to excellent news for pharmacy. The company created this market sector and continues to expand it. Stafford-Miller are committed to making toothpaste exclusively for sensitive teeth, and by links through Search toothbrushes and dental rinse, offer consumers and pharmacists a total, professionally endorsed, oral hygiene package.

The next 30 years of Stafford-Miller's partnership with pharmacy looks like being even more profitable than the first 30!

¹Nielsen 1991

²Taylor Nelson 1991

³Reference: Salvato AR et al, Br Dent J 1991, 171 122

⁴Data on file

Pharmacyupdate

Acupuncture and asthma

Practitioners of complementary medicine often object that their specialities are not amenable to scientific evaluation but the controlled clinical trial remains the only way of separating the effects of intervention itself from the effects of the process of intervention.

Dutch epidemiologists searched two major biomedical databases for publications reporting controlled clinical trials; they found 13 published between 1963 and 1989. The trials were scored on a scale to 100 according to their methodological rigour — for example, randomisation, comparability of control and treatment groups, and blinded design each scored highly. Controlled interventions were provided by needling into the skin where no acupoints occur, or by needling acupoints unrelated to asthma.

Overall, the studies were poorly designed: there were few subjects, no matching between groups, inadequate follow-up and little check on concurrent drug use. Of the eight studies which reported results favouring an effect of acupuncture in asthma, only three scored more than 50 per cent. By contrast, all of the five reporting negative results scored over 50 per cent.

There is therefore little good evidence that acupuncture helps asthma but some bad evidence that it does.

Thorax 1991;46:799-802

Science Photo Library



Taking the Pill can save bones

Although the detrimental effects of oestrogen deficiency on bone mass are well known, it has been uncertain whether excess oestrogen and progestogen intake in the form of oral contraceptives (OCs) has any significant effect. In a retrospective study of 2,300 women attending osteoporosis screening centres in the United States, measurements of bone mineral density have been correlated with menopausal history, body size and OC use.

Three-quarters of the women were postmenopausal, of whom one-quarter had used OCs at some time compared with almost half of the premenopausal women. As expected, women with low bone mineral density tended to be older, with a lower body weight and a longer time since the menopause. However, bone mineral density measured at various sites was significantly correlated with OC use, and longer use was associated with greater bone density, reaching a peak after ten years use. This relationship was still true after adjustment for potentially confounding factors such as age, menopausal status and parity.

Several questions about this finding remain unanswered — for example, what was the history of smoking, oophorectomy and physical exercise? Nonetheless, this large study identifies one more possible advantage of OC use. Although confirmation is required, this may be one factor to consider in assessing the risk of osteoporosis in women contemplating HRT.

Archives of Internal Medicine 1991;151:1,971-6

Health library in GP surgery proves useful for patients

The range of literature on health matters is greater than ever. Pharmacists who wonder how people cope with such a volume of information should consider the example set by a GP practice in Hertfordshire, which offered a health library for patients.

The practice of 11,000 patients bought 200 books with a grant of £1,600 from the county library service. A questionnaire was handed out with every book borrowed. Access to the library was originally restricted to the recommendation of a health professional, but after 13 months the books were moved to the waiting room to provide free access for all patients.

Over the first 15 months, 243 books were borrowed and 163

questionnaires returned. The most popular subjects included the menopause, cystitis, stress, Alzheimer's disease and bereavement.

"Most popular subjects included menopause, cystitis, stress, Alzheimer's and bereavement."

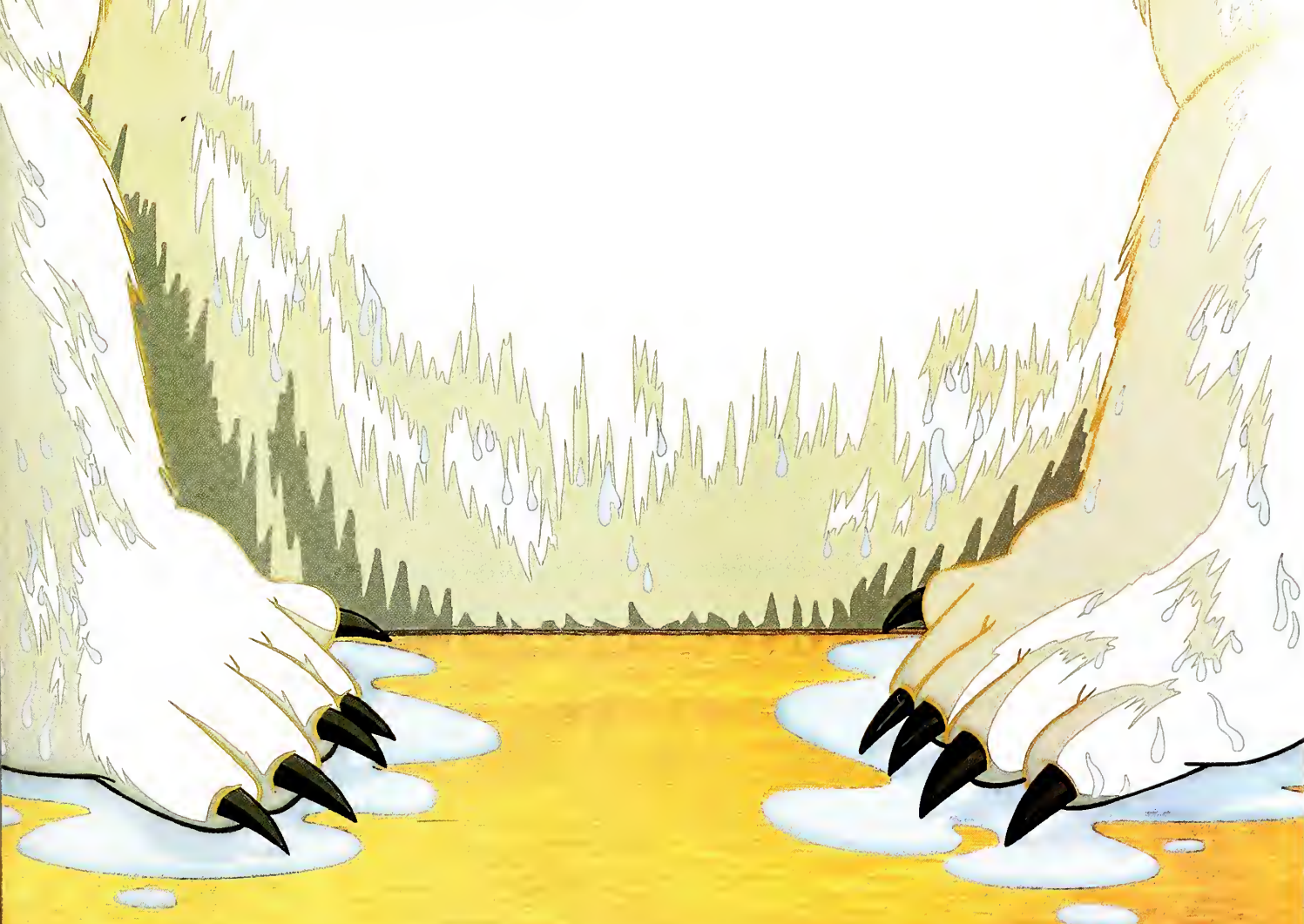
A third of patients would not have sought the information had the library not been available, even though most used the public library. Almost half of respondents reported

that the information had been very useful and half said it had been of some use; only 2 per cent said the books did not address their concerns.

One potential pitfall of providing health information is the risk of provoking anxiety instead of providing reassurance. In this study, the perceived level of anxiety was reduced in 44 per cent and raised in only 6 per cent of patients.

Provided support is available for people whose anxiety is increased by the literature, the health library is a successful way of providing information to patients. A further six libraries have now been funded in surgeries in Hertfordshire.

British Journal of General Practice 1991;41:466-7



When was the last time you served a polar bear with a cold?

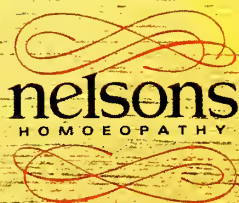
Funny. But you don't seem to get many wild animals asking for something to
ease a sniffly nose. Not even polar bears.

Proof that, when it comes to a cold, Nature provides the best defences.
And, when your customers catch a chill and ask your advice, why not recommend
a natural medicine whose active ingredients are perfectly safe for everyone.

Like Nelsons homoeopathic Cold & Flu Relief.

What's more, last year's *30 per cent sales growth* - backed by the new blister
pack design and high profile advertising campaign - means interest, and
therefore sales, are set to rocket. And when they do, the 40 per cent margin
guarantees a huge profit potential.

So, next time, recommend the natural answer to cold and flu. Recommend Nelsons.



IT'S ONLY NATURAL



Exercise for heart failure...

There is evidence that bed rest improves the symptoms of heart failure: it reduces peripheral oedema and promotes diuresis. However, physical inactivity can be "deconditioning", increasing feelings of fatigue and reducing exercise capacity. Evidence is now accumulating that the opposite approach — exercise training — has beneficial effects.

A total of 15 patients with moderate to severe stable heart failure underwent four six-week periods of physical training, alone or in combination with placebo or the ACE inhibitor lisinopril. Physical training involved gradually increasing the duration of performance on an exercise bike.

The average duration of exercise increased from 13.6 minutes with placebo to 15 minutes with exercise training alone and 16.1 minutes with

exercise plus lisinopril. These changes were correlated with subjective improvement reported by the patients. Haemodynamic parameters were also significantly better during the combined exercise-ACE inhibitor period although lisinopril alone did not improve exercise capacity.

Three subjects reported adverse events with lisinopril, including cough and dizziness. Similarly, exercise was better tolerated by some than others: compliance with the training schedule ranged from 42 per cent to 137 per cent.

Limitation of exercise is one of the most prominent signs of heart failure. Exercise training, not bed rest, is a more effective treatment than a vasodilator such as lisinopril but the combination is additive.

Journal of Internal Medicine 1991;230:407-13

Anxiety: psychology versus pharmacology

The passing of the benzodiazepines as drugs for the routine treatment of anxiety has led to a wider acceptance of the merits of psychological intervention and a search for alternative drugs. However, many psychological therapies take time and there is often a shortage of people qualified to offer them. Such practical problems do not apply to drugs and the monoamine oxidase inhibitors in particular are proving very effective for some anxiety states.

A recent study from America compared alprazolam, phenelzine and group cognitive therapy in managing severe chronic social phobia, a form of anxiety. Each treatment was given for 12 weeks.

There were few drop-outs and no differences between the

groups after completion of treatment or at follow-up two months later: all had improved. Comparing the drug treatments, physicians rated phenelzine more effective than alprazolam and more patients taking alprazolam subsequently relapsed. Adverse effects were not reported.

People with social phobia are a heterogeneous group whose needs cannot be met by a single therapy. That psychological and pharmacological interventions are equally effective should be welcomed because it increases the options for treatment. However, the risks associated with phenelzine and the acute adverse effects of any drugs should be borne in mind when selecting treatment.

Archives of General Psychiatry 1991;48:938-45

The effect of misoprostol on prostaglandins

Misoprostol is an analogue of prostaglandin E_2 , so why doesn't it make arthritis worse? Such apparently simple questions are often difficult to answer, though of course there is no evidence that misoprostol does exacerbate arthritis.

A recent study by rheumatologists examined the effects of misoprostol administration on synovial fluid concentrations of prostaglandins in patients taking diclofenac for rheumatoid arthritis. Compared with placebo, prostaglandin levels were unchanged in patients given two 400mcg doses of misoprostol.

Surprisingly, however, the concentration of thromboxane B_2 was significantly reduced.

Thromboxane B_2 is the breakdown product of thromboxane A_2 , a vasoconstrictor and mediator of platelet aggregation. The significance of lower levels for the treatment of arthritis is uncertain but an anti-inflammatory action of misoprostol cannot be excluded: prostaglandin E_2 is known to modulate inflammation and misoprostol has been shown to protect against acute rejection of the transplanted kidney.

Annals of the Rheumatic Diseases 1991;50:797-9

...but not for hypertension

Mild hypertension responds to non-pharmacological interventions, particularly diet and loss of weight. There is some evidence that exercise might also help and, to test this hypothesis, 99 men with a diastolic blood pressure of 90-105mmHg were randomised to undergo weight training, aerobic exercise or no intervention for four months. Previous antihypertensive therapy was withdrawn but diet was unchanged.

The subjects performing aerobic exercise were demonstrably fitter by the end of the study but blood pressure declined equally in all three groups — this applied to blood pressure measured in the clinic, after exercise and during daily activity. Only blood pressure measured during mental stress and systolic pressure during maximum exercise were reduced by more aerobic exercise.

The marginal effect of exercise suggests that the programme used in this study was not vigorous enough,

though compliance with more demanding regimes might be lacking. Nonetheless, exercise does help weight loss and reduces the long-term risk of other adverse cardiovascular events which are associated with hypertension; its benefits should not be dismissed.

Journal of the American Medical Association 1991;266:2,098-2,104

Acyclovir for chickenpox

Chickenpox is common and usually causes fever, malaise and lethargy as well as the familiar rash. However, serious complications occur occasionally and include encephalitis and pneumonia; the mortality in children is one in 50,000 cases.

Antiviral therapy is not routinely indicated for chickenpox, perhaps in part because no effective treatment has been available. Now, acyclovir has been compared with placebo in 700 otherwise healthy children with chickenpox.

Children treated within one day of the onset of the rash developed fewer lesions overall and less itching. It was found that 95 per cent developed no new lesions and were afebrile after the third day of treatment whereas 20 per cent of placebo recipients still had new lesions and fever by day six. There were no differences between the groups in the frequency of complications (secondary bacterial infection and cerebellar ataxia) and no important adverse effects were reported.

Acyclovir therefore significantly reduces the duration and severity of chickenpox but treatment is expensive: the five-day course of suspension at a dose of 80 mg/kg/day costs about £40. By contrast, treatment in adults and immunosuppressed children is essential because systemic complications are more common.

New England Journal of Medicine 1991;325:1,539-44

Describing breathing problems

Breathlessness is a symptom common to chronic bronchitis, heart failure and asthma but the subjective sensations in each case are different: "I feel short of breath" is not the same as "I feel wheezy" or "I cannot breathe fast enough."

In a recent survey, 200 patients with cardiopulmonary disease were asked to select from 45 descriptors of breathing discomfort the term which best described their symptoms. Consistent answers were given by 169 patients, indicating that the terms could be grouped into 12 clusters according to the frequency of use by particular patients.

The differences between patients with cardiac and obstructive airways disease were most marked. For example, people with obstructive airways disease described feelings of distress and those with asthma indicated wheeziness. Patients with cardiac disease described an urge to sigh but they less frequently said they were fighting for breath or couldn't breathe fast enough. Other clusters described feelings of suffocation, gasping and fatigue.

No description of symptoms will differentiate completely between patients but awareness of the significance of the patient's choice of words is a useful aid when counselling. *American Reviews of Respiratory Disease* 1991;144:826-32



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

Cash in with Crookes for a New Year bonanza!

The New Year message from the Crookes Healthcare coldcare brands is simple but it makes financial sense — get it right at point of sale and reap the profits this season. This is because the coldcare fixture is one of the most profitable during the Winter months when colds, sore throats and nasal congestion are among the most common illnesses to affect the public. You will notice a marked increase in sales. The correct point of sale techniques can only reap profits for the far-sighted pharmacist. Have you got it right for the Winter cold war? Enter this competition, sponsored by Crookes Healthcare, makers of leading coldcare brands Strepsils, Karvol and Dequacaine, and you could win a cash prize simply by applying some common sense selling techniques which make sure you do have the right formula!



Crookes Healthcare coldcare brands — the Pharmacist's choice in effective winter cold treatments

Cash in on prizes!

Cash in on this great Crookes Winter Cash bonanza and make it a lucky year as part of this exclusive competition which offers pharmacists the chance to win an attractive New Year cash prize. There are up to £1,000 worth of cash prizes to be won!

The rationale behind this competition is to help you increase your coldcare business this year — and win cash prizes into the bargain. Coldcare is one of the busiest OTC sectors and this healthy track record is likely to continue, fuelled largely by manufacturers such as Crookes who continue to ensure that their products are in line with consumer expectations and supported by high levels of national TV advertising and promotion. Against this impressive backdrop, this week's Cash Bonanza is timely and set to help you build coldcare business even further.



Stop Press... Stop Press

The 1992 Crookes £55,000 Cash Bonanza, launched last year to all pharmacists via the Crookes Healthcare sales force, began on Monday, January 13. All of the thousands of pharmacists who have ordered the special Mystery Shopper display units should make sure they are well stocked with Crookes Healthcare coldcare products. Remember that only seven brands account for the lion's share of sore throat remedy sales and only three products account for over 80 per cent of paediatric nasal decongestant sales — so it's easy to run out of stock!

How to enter

To enter the competition look in the word puzzle below for the ten words associated with profitable coldcare fixtures. Fill in the coupon and post your entry to Crookes Healthcare Cash Bonanza competition, *Chemist & Druggist*, Benn Publications Ltd., Tonbridge, Kent TN9 1RQ.

Name.....

Pharmacy address.....

..... Phone.....

The first correct answer to be drawn at the *Chemist & Druggist* offices will win a cash prize of £500, the second prize winner will receive a cash prize of £300 and there will be two third prizes of £100 cash to be won! Look for the word search clues below:

N I A T N I A M P E A
G R O W T H H T C S D
E S I M I X A M L I G
O A P R O D E W O D J
M L E P E H O T V N Q
P E N M R D N I R A L
L S A K N A C N A H E
E N R I F I T U K C O
D T W Z D E Q U A R G
S L I S P E R T S E C
D I S P L A Y O U M N

Growth
Display
Demand
Karvol
Dequa
Strepsils
Sales
Maintain
Merchandise
Maximise



The Mystery shopper promotion — Crookes biggest winter investment — is currently running in-store

It's the Mystery Shopper

In the Mystery Shopper promotion, each week, for ten weeks, Crookes Healthcare will pick out the names of 50 pharmacists who have ordered the special coldcare display units. They will be visited by our mystery shopper to check that the promotional units are on display and stocked with Crookes Coldcare products. There are cash rewards simply for having a range of brandleading products on display! And the more units featured at point of sale — the more cash prizes can be won!

Rules

1. All entries become the property of Crookes Healthcare Ltd. 2. The competition is not open to employees of Crookes Healthcare or Benn Publications Ltd, their families or the companies' agencies. 3. The closing date is Monday, February 17, 1992. 4. Entries received after the closing date will not be accepted. 5. The first correct entry drawn out of the bag after the closing date will be the winner, and subsequent correct entries drawn will be the runners up. 6. The editor's decision is final and no correspondence will be entered into. 7. The winner's name will be available from Crookes Healthcare. 8. Crookes Healthcare reserve the right to publicise the winner's and runners-up names and photographs. 9. The prize must be accepted as offered, there is no alternative.

Regional independent wholesalers — vital force or anachronism?

Continuing change in the pharmaceutical distribution market prompted MBA student Claire B. Matthew of Durham University Business School to undertake a study which asked pharmacists and wholesalers for their views on the future role of the independents. The results are exclusively presented by *Chemist & Druggist*

Times have never been tougher for full-line pharmaceutical wholesalers in the UK. While most full-line wholesalers have managed to generate growth in turnover over the last couple of years, downward pressure is increasing from:

- Predatory acquisition and marketing moves by self-distributing pharmacy chains. These chains obtain the same distribution margin via the Pharmacy Price Regulation Scheme — the formula by which manufacturers selling prices are decided — as full-line wholesalers, but boost profits by stocking a very limited range, relying on the full-liners for back-up on slower-moving lines;
- Restrictions in pharmacy licences, which grew by only 6.7 per cent between 1985 and 1990;
- Increases in lower-price generics dispensing;
- The consumer trend to purchasing toiletries and OTC medicines in supermarkets.

On top of these difficulties competitive forces have pushed the profitability of full-line wholesalers down to a critically low level, as discounting by short-line wholesalers forces wholesalers offering a full-line service to discount to remain competitive. Short-liners can boost profits by receiving the full wholesale margin for distributing only the fastest-moving 20 per cent of the inventory, which accounts for 80 per cent of turnover (British Association of Pharmaceutical Wholesalers data).

In addition, Unichem's share scheme of the late 1980's put pressure, eventually declared unfair by the Monopolies and Mergers Commission, on many loyal customers of other wholesalers, and forced a round of defensive discounting.

More recently the self-distributing pharmacy chains have used profits, again boosted by obtaining the full distribution margin for a limited service, to acquire independent pharmacies and market them aggressively, building their market share to 25 per cent (NHS Prescription Products Market 1990). The Lloyds bid for Macarthy's, referred to the Monopolies and Mergers Commission, would have increased the self-distributors market share to an estimated 27 per cent and demonstrates the company's desire — and resources — for expansion.

The success of the self-distributors has prompted some of the major wholesalers to follow suit. AAH, according to the 1990 annual statement by chairman Bill Pybus, is continuing to expand its acquisition of retail pharmacies, often outbidding young pharmacists facing difficulties in independently financing their own pharmacies.

Meanwhile, Unichem's attempt to catch

up AAH in the race for retail pharmacies, via its own bid for Macarthy's, is also awaiting MMC clearance.

Glaxo agency

If full-line wholesalers are concerned about profitability under the protection of the PPRS, Glaxo's recent moves which effectively take it outside the PPRS are causing even more concern among many wholesalers.

Glaxo's replacement of the traditional wholesaler service with an agency arrangement gives them control over discounts, removing both the wholesaler's ability to offer competitive discounts to his pharmacist customers and his control over the profitability of over 15 per cent of his

business. In addition, the accounting changes significantly increase administrative and financial pressure on wholesalers.

Glaxo's new rules allow them to retain control over stock and creditors, giving them a preferential position to other manufacturers. This has prompted a 'knee-jerk' reaction from some manufacturers to review supply arrangements, particularly with the independent regional wholesalers, increasing administrative problems and potentially restricting the service to pharmacists and their patients.

The 1992 effect

The hypothetical free movement of prescription products and OTCs is unlikely



to be a reality for some time after 1992, due to differences in product formulation and packaging, and prescribing and consumer usage variations.

However, the major wholesalers are forming strategic trading alliances with other European wholesalers. While distribution is likely to remain local in response to pharmacists' needs. European alliances potentially strengthen wholesaler buying power and open up opportunities to exploit pan-European own labels, generics and other product ranges. There are also opportunities for joint financial ventures or cost-savings through centralising some operational functions.

Tough times

Times are particularly tough for the independent regional wholesalers, whose numbers are declining. Depot numbers declined from 184 in 1978 to 79 in 1988 and it is widely predicted that there will be further closures over the next decade.

While some of the closures are a result of improvements in wholesale efficiency, some result from the swallowing up of regional independents by the major wholesalers.

In addition, the profitability of the independents is lower, mainly because of their lower bargaining power with powerful suppliers such as Glaxo and they have scarcer management resources to pursue beneficial European alliances.

Yet the independents themselves and many of their customers believe that they play a vital role in getting drugs to patients and that their traditional dedication to service is not an anachronism.

Therefore one of the questions asked by the Durham Study was: "Are the independent regionals a vital force in pharmaceutical distribution and is their success a concern for those involved in ensuring a reliable service to patients?"

Government concern

Industry profitability, and in particular the position of the regional independents, is causing widespread concern in government circles, as shown by their increasing tendency to refer to fair trading and monopolies and mergers ruling on initiatives by the self-distributors and major wholesalers.

A survey of MPs in 1990 indicated that 74 per cent would be very concerned or quite concerned if regional independent wholesalers were forced to withdraw or reduce their coverage and service. Some 79 per cent believed it very important or important for pharmaceutical distribution to be split between national and regional companies.

Pharmacists' view

Durham University Business School conducted research to examine the customer's viewpoint — that of the independent pharmacist. The research aimed to determine independent pharmacists' criteria for choice of wholesaler and their views on how wholesalers, both independent regional and national companies, were fulfilling those criteria. It also explored views on the increasing dominance of the national wholesalers within the market.

The study was conducted in July this year among 50 pharmacists in the Midlands. In market research terms the sample was constructed so as to give a reasonable level of statistical reliability.

Pharmacists were asked to rate the importance of selected criteria in determining their choice of main wholesaler for ethical and OTCs.

In both cases *price* was the most important factor, rated "very important" by 76 per cent for the main ethicals

wholesaler, and 82 per cent for the main OTC wholesaler.

For an ethicals wholesaler frequent service, wide stock range and low "Out of Stocks" were also very important to 71 per cent, 62 per cent and 60 per cent of pharmacists respectively, to enable them to dispense a wide range of prescriptions quickly; however these factors were judged less important for the wholesaler supplying OTCs.

Surprisingly, despite the marketing effort put behind the national status, 82 per cent of pharmacists regarded this as unimportant. Financial support, in the form of loan guarantee or "franchise" schemes was considered very important or important by only 36 per cent, but was thought to be increasing in importance.

The high purchase cost of pharmacies, driven up by licence restrictions and the major wholesalers' strategy of vertically integrating into pharmacy retailing, was thought to result in many younger pharmacists being unlikely to acquire a dispensary without this sort of financial support, given the banks' caution about lending to small businesses at the present time.

Reliable back-up

78 per cent of the sample used a secondary wholesaler as a back-up to the main wholesaler, and most regarded this as essential in guaranteeing supply. Most pharmacists regarded independent wholesalers as being considerably more willing to go out of their way to source an obscure product or to make an extra delivery in an emergency, and many pharmacists using Unichem and AAH as their main wholesaler claimed to use an independent to guarantee this reliable back-up.

Who delivers best?

Pharmacists were then asked how they rated the service provided by the national and independent wholesalers.

Both were thought to be competitive on price although the national wholesalers were perceived to have greater buying power on OTCs.

The national wholesalers were regarded as benefiting from superior buying and marketing resources: they were thought to offer the best range of products including own label, superior promotional programmes and marketing and financial support. By contrast, some independent wholesalers were regarded as having weaknesses in these areas.

However, the independent wholesalers were perceived to offer a better service, in terms of its reliability and frequency (particularly on OTCs, where the nationals often take several days to deliver an order). Importantly, the independents are able to offer a more personal service, where individual needs are more likely to be catered for; by contrast the nationals are regarded as "impersonal", and much less willing to offer a flexible service to meet local needs.

Pharmacists also valued the "friendly" attitude of their local independent wholesaler and ease of communications with its senior management. This enabled the independent wholesaler to be responsive to local needs, improving pharmacists' ability to offer a good service to patients. By contrast, the national wholesalers were seen as "inaccessible", and a few even said "arrogant", to local individual needs.

Danger from duopoly

The study also asked whether the increasing market share of Unichem and AAH was in the interests of pharmacists or patients. Some 69 per cent of pharmacists believed a Unichem/AAH duopoly was *not*

in their interests because a reduction in competition between wholesalers would lead to reduced price incentives and service levels; 38 per cent drew the conclusion that patients would suffer from the likely reduction in service levels. Only 9 per cent believed that the existence of two major competitors would ensure the maintenance of competition.

Glaxo concern

Some pharmacists were concerned about Glaxo's changes to the distribution arrangements for their products, believing the changes would affect wholesaler discounts which would not be reflected properly in the NHS remuneration levels.

Tim Astill of the National Pharmaceutical Association commented: "I have two main areas of concern about Glaxo's proposed changes. Firstly, whereas discounts are currently given by the wholesaler on the basis of volume of business, no firm assurances have been given about the discounts Glaxo will give to individual pharmacists on their products, and some pharmacists may lose out.

"Secondly, the changes pull the rug out from underneath the present system of calculating NHS remuneration, making it much more complicated in the case of individual pharmacists. My concern is that the problem will be significantly worse if other manufacturers follow Glaxo's lead."

Vital role

The independent pharmaceutical wholesaler has a vital role to play in ensuring a competitive service to pharmacists which meets their local needs and those of their patients. The independent's traditional emphasis on providing superior service is not anachronistic where patient service is paramount.

However, while support from customers, government and manufacturers is essential in ensuring the survival of a healthy independent sector of the pharmaceutical wholesaling industry, the independent wholesalers themselves must be more proactive in developing competitive buying and marketing strategies to better meet pharmacists' needs.

Independents' response

The independent wholesaler voluntary trading organisation, Numark, is actively developing competitive strategies for its retail pharmacist members. Managing director Terry Norris believes that pharmacists must improve their retailing skills in order to remain competitive, and has launched the concept, "Pharmacy is Healthcare Retailing".

Numark recently suffered upheavals due to the acquisition of some Medicopharma member companies' assets by AAH who subsequently resigned from Numark. Numark reacted quickly and effectively to recruit new members, although early estimates indicate they will nevertheless suffer a shortfall in total business.

Numark, however, only represent just over half of the total independent wholesale market. The remaining dozen independents, either singly or in alliance, will need to look for improved buying and marketing strategies to defend their markets against bigger players.

Claire B. Matthew, MA(Cantab) has just completed an MBA at Durham University Business School. She has previously worked in brand marketing for Procter & Gamble and other major companies. The research, carried out independently under the control of Durham Business School, was sponsored by Onward Pharmaceutical Services.

Let the buyer beware



Two omissions could cost you dear in time, trouble and money. Before you finally commit yourself to buy, you must check and double check:

- That you have informed the RPSGB of your proposed purchase, well in advance
- That you have, through the local committee, arranged for the transfer to you of the NHS contract. You should preferably give a full three months notice and at least 28 days.

As regulations can change you would be wise to check well in advance with both bodies the notice they require. It is worth emphasising that failure to comply could be very expensive indeed in cash terms, so do not rely on the prospective vendor or on anyone else to deal with these matters. Keep a copy of correspondence and send letters by recorded delivery.

Do not forget to contact the NPA and the PSNC for advice and remember that the RPSGB

For the first time buyer especially, taking on a pharmacy is full of pitfalls for the careless or unwary. In the first of a new series on the day-to-day practicalities of running a pharmacy Eric Jensen, BCom, MRPharmS, takes a look at the priorities in taking over a new pharmacy

inspector is a valuable source of information.

Market research

The foregoing are not the only essentials before you exchange contracts. You will, presumably, have carried out the market research any prudent buyer must undertake. You should also have considered and decided that you can be an acceptable successor to the previous owner.

You would also be wise to take into consultation family and others affected by your

decision to take on this particular pharmacy. Do not follow the example of one rash pharmacist. Particulars of a pharmacy were handed over one day and a visit of inspection made; the next day the decision to buy was made. No discussion with spouse! And the transfer duly went ahead.

Property

Do not fail to have a full survey before deciding to buy and signing up. You should do so whether the premises are freehold or on lease. You should

also study the lease or the deeds yourself; they are not mysterious documents beyond the understanding of a pharmacist. Check that there are no covenants or restrictions to prevent you entering into activities you might envisage for the future.

As you study the documents keep in mind the changing role of the pharmacist. Don't forget that buying a freehold does not necessarily give you complete freedom of action, and some leases can contain onerous clauses.

Legal advice

If you take over a lease, make sure a schedule of condition is prepared by your surveyor. You don't want to find that you have to return the property, at the end of the lease, in better condition than when you started as a tenant. It is important, too, to know if you

can sublet.

Although it is advisable that you study the lease and deeds, do not try to be your own lawyer. You must have a solicitor to act for you alone; don't share one with the vendor. Remember the old adage that "the man or woman who acts as their own solicitor has a fool for a client." Preferably engage a solicitor with specialist knowledge of matters pharmaceutical.

The contract

As with the deeds, read and understand the contract yourself. Make sure there is a clause to protect you against competition from the vendor. This clause must be reasonable to both parties and to the public, otherwise it could be completely invalid.

Among the many important points to be covered by the contract is the valuation of stock and sometimes also of the fixtures. Only good, clean, saleable stock should be included and professional pharmaceutical valuers should be engaged. It is usual for them to act "between the parties".

If there has been an undertaking by the seller to reduce the stock before you take over, beware; the simplest method of reduction is to cut down on the quick sellers. The buyer is then left with the slow movers and the expense of having to replenish stocks of the fast-selling merchandise.

Perhaps the best way to deal with excessive stock is for the buyer to be given an appropriate discount for taking it on.

The contract should contain provision for arbitration in the event of disagreement between the vendor and yourself. This is cheaper, quicker, less likely to cause acrimony, and less public than going to court; ask your solicitor.

If staff is to be reduced, try to persuade the seller to deal with this before you take over. This could save you a lot of trouble and expense.

Debts and liabilities

If you buy the shares of a limited company, make sure you have protection against any undisclosed debts and contingent liabilities. Generally it is safer to buy the assets of the pharmacy rather than shares.

Frequently fixtures, fittings and lease/goodwill are lumped together in the price, with the stock being additional at valuation. However, a separate figure for the fixtures and fittings will be required for tax purposes and the accounts. The split is important and your best interest might not coincide with that of the seller. Once again, take advice from your solicitor.

Insurances

These are not always as straightforward as might be thought. So make certain everything you buy is covered

from the time it becomes yours. Another aspect of insurance to be dealt with at as early a stage as possible is life assurance and the same applies to pension arrangements and health cover. While you are still young and fit you attract the most favourable terms.

You can insure against a vast range of events, so discuss your needs with the NPA.

Planning

As part of your market research you should find out from your local authority what is in the pipeline. Years ago one pharmacy was so badly hit by new traffic controls that eventually it disappeared. Take care, too, to keep your ears open to the slightest whisper of change — rumour has a habit of becoming fact!

Floorspace

Space is costly in rent and in all the outgoings associated with its occupation. But a study of the proposed new code of ethics and its appendix should warn of the dangers of over-economising on space. And just as you should guard against restrictive covenants in the lease or deeds so you should guard against having insufficient square footage to allow you to diversify. Don't consider only total space; ground level is normally the most valuable. Ask yourself the questions — is there room for expansion and how costly would it be?

These matters must be pondered before you commit yourself.

Making contacts

The secretary of the local branch of the RPSGB can help greatly to smooth your entry into the area, as can the local NPA secretary. Early contact with the tax people and the VAT office is advised: it is better to avoid problems instead of having to sort them out later.

If you are proposing to buy a pharmacy north of the border, do remember that general Scottish law varies from English in many important respects. Differences also occur in the way pharmacy is administered and remunerated for NHS services.

Looking ahead

Always think ahead to the time when you will wish to sell the pharmacy. If you buy a pharmacy of very unusual nature, of highly limited appeal, you could wait a long time for a buyer. On the other hand, such a pharmacy could fetch an extraordinarily elevated price from someone with tastes like your own.

Suggested reading:

The Price Waterhouse "Business Starter Pack", The National Westminster "Small Business Digest" (1992 or later) and other bank publications. The latest edition of "Pharmacy Law and Ethics". "Buying a Shop" by E A Jensen.

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Postgraduate education — are pharmacists getting enough?

Grandad started work in a pharmacy in 1917. Laudanum was sold over the counter, calomel was first choice of treatment for teething babies, leeches were still in jars on the dispensary shelves and the expensively reproduced shop rounds of today were genuine and in every day use. The standard text book was the BP1914 and Squires Pharmacopoeia, and the route to a pharmaceutical qualification was seven years indentured apprenticeship and six months at a college of pharmacy.

The day's work consisted almost entirely of measuring one pennyworth of this and two pennyworths of that, extemporaneously preparing elegant panaceas, delicately folded powders and attractive silver coated pills, using materials and equipment virtually unchanged since the 19th century.

His son, using the BP1932, the BPC1949 and Martindale, qualified in the mid fifties. Diuresis was effected by mersalyl injections and enteric coated ammonium chloride. If the patient was depressed, they were prescribed half a grain of phenobarbitone and all skin conditions were treated (or so it seemed at the time) with Lassars paste containing varying proportions of coal tar.

The avalanche of "mood enhancers", non-steroidal anti-inflammatories, thiazide derivatives and synthetic antibiotics was still to come. Hypertension was treated with sedatives; ACE inhibitors and beta-blockers were gleams in the pharmacist's eye and asthma was treated only with ephedrine. The pocket inhaler was a small glass affair.

Vaguely scientific

The professional advice of the "chemist" was sought only by a limited section of the populace: he was still generally regarded as a backwoods doctor or convenient for people to consult when they needed advice of a vaguely scientific nature, ie stain removal, chemistry sets and gardening aids.

The emphasis, in the public mind, was not as it is now on healthcare but of "cure". The Health Service had already made its first wrong step. It was a service for the sick — and the pharmacist's role within the NHS reflected this attitude.

Postgraduate education is widely perceived as a key to improving the range of services and quality of advice from pharmacies. How much and how often is the subject of continuing debate. John Kirby, a proprietor pharmacist who qualified in 1956 and Safeway's superintendent pharmacist Julian Ashley (qualified 1980), although a generation apart have similar views...

The grand-daughter graduated in 1981. One year after her graduation, with all the benefits of a structured pre-registration year in a London teaching hospital, she found herself at the receiving end of the NPA "Ask your pharmacist" campaign, expected to answer with expertise patient queries on anything from tranquilliser habituation, to drug interactions and adverse drug reactions. In addition, she needed a working knowledge of alternative medicine as well as still having the know how to remove iron mould from silk blouses and deal with afternoon conjunctivitis or weekend cystitis.

You don't have to be in the centre of a three tier pharmacy family to recognise the changes that have occurred over the past 20 years. But it does help to have been in intimate contact with three generations of pharmacists to appreciate the rapidity of those changes.

It is possible that grandad could still be practising. As long as his retention fee is paid each year, he can place his certificate in a pharmacy and take responsibility for dispensing maybe 250 NHS items a day. He need never have attended a postgraduate course, a branch meeting, read a scientific update paper or spoken to a pharmacist colleague in the course of his 50 year membership of our professional society.

As a profession claiming to be caring, as a profession offering primary healthcare to six million people daily, we are failing to grasp the nettle of continuing education. Are all community pharmacists really capable of giving all this care and all this attention that we are encouraging the public to expect? The knowledge needed to provide this care is based on education acquired many years earlier, based on a syllabus

which to many of us may seem irrelevant, even at the time.

When the Nuffield report was published five years ago, a new era was predicted for pharmacy. Extended role and release from the tyranny of "one pharmacist" working. The reality is still falling short of this high promise. Can we be free of all blame?

Recent informal soundings have indicated that only 15 per cent of all pharmacists participate in courses arranged



under Section 63 of the Medicines Act. It would appear that locums and employees of multiples constitute the larger proportion of this 15 per cent: independent community pharmacists are a small minority. And yet, in spite of recent changes, independent pharmacists still operate a substantial majority of pharmacies in the community sector.

It is true that some of the larger multiples have sophisticated training programmes for professional and ancillary staff, but it is not unfair to suggest that these must be commercially orientated to be acceptable to shareholders, with the courses being costed for participants and provider. The smaller

multiples do have their own training scheme, but is this sector that has recently seen most attrition due to acquisition.

A sad fact

It must be a sadly recognised fact that many independent pharmacists are not receiving any formalised postgraduate training. Boots have withdrawn their support from the NPA advertising initiative which is now being mainly financed by the independent sector. However, we believe that it is this sector that is least able to capably meet the expectations of the public so expertly aroused by the advertising and public relations promotion.

What are the reasons put

forward for non-participation in postgraduate education?

Financial? Certainly the Department of Health are extremely tight fisted with payments for release to attend courses. Timing? Why should I give up my Sunday, my evening, my holiday to attend courses? Necessity? I keep up to date with the *Chemist & Druggist*, data sheets, representatives. Suitability? Poorly presented, poorly structured courses, not relevant to my work as a community pharmacist. Too far to travel. Don't know anybody there.

Like a new car

This list is not exhaustive. There will be as many reasons for not attending as there are pharmacists, but we would like to counter them with a few observations of our own. The pharmacist graduate could be likened to a new car; leaving the graduation ceremony is like driving a new BMW out of the garage forecourt — its devaluation starts at once.

By the time a year has passed without a service, even this lean machine is running a little rough. Some drivers act as their own mechanics. Some pharmacists are aware of the need to train. After three years, a Ministry of Transport certificate is needed for the car. After three years, the pharmacist can still practise now matter how rusty.

If FHSAs are going to pay for services to residential homes and for patient records, they will in due course, wish to monitor the results. Many pharmacists serving homes and keeping records are not claiming payment. It could be that they find the remuneration for doing so derisory. It could be that the simple "assessment for competence" arranged by the RPSGB through Radcliffe Medical Press is too demanding. It may be that pharmacists as a profession don't want an extended role. It could be that they do not have the confidence in their ability to be assessed, monitored or examined. The whole business of postgraduate education has been treated too lightly. For many years, regional pharmaceutical officers offered a diet of consultants giving lectures on esoteric topics never seen in general practice, let alone community pharmacy. This was an easy option — £50 extra, tax free for the lecturer. A day spent on a useless course and further disillusionment of the "trainee". Colourful slides of rodent ulcers and rogue colostomy stomas draw the "ums" and "ahs", but do little to further our ability to sort out patients' problems in the pharmacy on the following Monday.

There has been a welcome trend for small working groups, with peer group lecturers, leading to a more intellectually stimulating and relevant approach in some regions — and it is hoped that this will lead to better attendance figures. But should it be left to chance? As for finance, as normal we are the Cinderellas in the Health

Service. Doctors now have an allocation which they may spend on approved courses. No further expenses are claimed. A practice can organise its own training. If it doesn't, then it doesn't get the money. Simple but effective. Could PSNC take on board such a suggestion for the future?

Dithering

We understand that many American states have some form of mandatory postgraduate education, and those that don't are considering it. Canada is working on its competency assurance programme. We are dithering. Mandatory or voluntary? Competency assessment or required amount of training?

The "I'll do it if you pay me and not before" mentality has to stop. It's time that we all starting acting like responsible professionals and got on with what we must do to remain or even become competent professionals. In any case, the Department of Health has clearly stated that there can be no extended role if the education is inappropriate.

The longer we wait, the more the problem worsens. Are the schools of pharmacy doing anything to help? Do they sow the seeds of postgraduate education in the minds of future pharmacists. We would hope that they are achieving better results than have apparently been achieved following the Society's report on social and behavioural sciences. We understand that reactions to this have varied, from major initiatives and specialist recruitment, to efforts "cobbled together" by specialists in steric isomerism. We hope that there are more of the former than the latter.

Outside pressure

In this article, we have tried to be controversial. We feel that as a profession, we must pre-empt any pressures from the outside bodies that we are persuading to "speak to the pharmacist" or use our extended role expertise to question our competence to practise. FHSAs will not pay for promises. We are successfully raising the expectations of the public by advertising, public relations and other promotions. This will be wasted if we don't deliver the goods.

The front loading approach to pharmacy education is no longer good enough. What is to be done to make sure that those pharmacists on the motorway of community pharmacy have passed their MOT tests? Our colleagues in the hospital service are at the sharp end of progress in pharmacy. They are kept in touch because they are "where it happens".

Community pharmacists are always going to be at the interface of the profession with the public — not at the sharp end maybe, but for the future well being of our profession the grass roots must be healthy, well fertilised, watered and in good condition. Who is going to grasp the nettle?



Complete the course!

The Medicines Counter Assistants course has been available since the Summer of 1989. But it is only since family health services authorities started to adopt the course in increasing numbers that it has begun to make an impact

By the end of 1991 some 1,555 pharmacy counter assistants had completed the Medicines Counter Assistants course. That number is expected to top 3,000 by the end of the year.

Interest in the course was quickened last year after Radcliffe Medical Press, who administer the course on behalf of the National Pharmaceutical Association, promoted it to family health services authorities. Since then an increasing number of FHSAs, often persuaded and assisted by their local pharmaceutical committee, have either wholly or partly funded places for pharmacy assistants.

West Glamorgan has run two courses, St Helens and Knowsley, Hertfordshire and Oxford have courses coming up. The Isle of Wight, Wirral, Kirklees, Leeds, and Newcastle are other FHSAs where courses have been held in recent months, according to Glenda Bramley, manager of the courses department at Radcliffe Medical Press.

The MCA course is a team effort. The NPA organise the course material, individual pharmacists act as tutors, Radcliffe Medical Press handle the administration, and the whole project was made viable by £100,000 of sponsorship from Merrell Dow.

Ailsa Benson, training officer at the NPA, acknowledges that Merrell's generosity and subsequent support of courses at a local level through their sales force has been of inestimable value. But what the company hasn't done has been equally important. "Merrell have not interfered in any way with the course content. They were not even interested in the copy we wrote on hayfever," she recalls.

Mrs Benson's mission as far as the MCA course is concerned is to spread the word.

"Those prepared to give the course a chance and come along and see what is offered are almost universally converted. But we need to get that message across, and also the fact that educated assistants are no threat to the advisory role of the pharmacist but a positive benefit," she says.

For the course to be a success it needs to be driven by local people, with local support and commitment, she says. So far the mnemonic "2 WHAM" approach has been applied to modules on coughs and colds, indigestion, constipation and diarrhoea, hayfever, and aches and pains, (for the uninitiated "2 WHAM" means — Who is the medicines for, What are the symptoms, How long has the customer had them; what Action has already been taken; and what Medicines are being taken for other complaints).

The big question now is whether to push ahead with phase two of the MCA course, to broaden the number of topics available. Mrs Benson lists skincare, nutrition and paediatrics and further refinement of the communication skills taught in the existing package as her targets. While phase two might be more than a glimmer in the eye, there is a school of thought that since phase one has not yet been taken up fully by existing staff it is not worth moving on to phase two yet.

Mrs Benson, not surprisingly, is all for pushing ahead, but it is an area fraught with politics at present. "I continue to look actively for sponsors for phase two. Negotiations are at a delicate stage," is her only comment.

Across the water

The MCA course is virtually the only NPA course offered in Northern Ireland other than correspondence courses. The time and expense of bringing the consultants used on the mainland over the water has acted as a deterrent.

Dr Kate McClelland has pioneered the course in the Province, together with course tutor Mrs Muriel Singleton, and in doing so has identified an unfulfilled demand. Normally working as a part time lecturer on the BTech course at the Belfast College of Technology and in a pharmacy in Lisburn, she is currently trying to get a pharmacy training services unit for counter assistants off the ground.

"A lot of pharmacists I have spoken to wanted something other than the BTech course (a day release course lasting three years with a heavy scientific content up to A level standard). It seemed like a golden opportunity to try the MCA course," she says.

A meeting with Dr Alison Blenkinsopp, who wrote much of the course material, in the pub (where else!) persuaded her to run the first course through Belfast College. Since then close to 100 assistants have been through the course, including a number from border areas in the Republic. The next course is in Antrim.

Her efforts have been boosted by the support of the Ulster Chemists Association, who have also funded the presentation of an engraved pen to each assistant completing the course. "We cannot improve standards in pharmacy until assistants are also trained to a certain level," she believes. "That was one of the incentives for me to get involved."

● To find out more about the MCA course contact Ailsa Benson at the NPA (tel: 0727 832 161), Glenda Bramley at Radcliffe Medical Press (tel: 0865 790696), or in Northern Ireland Dr K. McClelland (tel: 08494 28472).

The Buttercup approach



Community pharmacist Vanessa Kingsbury

The National Pharmaceutical Association's initiative to start the Medicine Counter Assistants course was welcomed by Vanessa Kingsbury, a Nottingham community pharmacist who loved training and saw it as an opportunity to inspire some students with a pride in pharmacy. She had no idea how many hours she was to spend selling the course to pharmacists and how much compassion she was to learn for sales representatives!

The first MCA course she ran was a success and Vanessa was eager to continue training so she formed Buttercups Training, an agency to meet all the training needs of the community pharmacy. The courses include product

knowledge in hair care, OTC medication, baby goods, and sales courses, space allocation, merchandising and window display.

"The key," says Vanessa, "is firstly to keep the assistants interested by a variety of teaching methods. I use anything from a competitive game for a chocolate, voluntary dressing up for role play, to learning that Joan PHOLLins has now stopped tickling her boyfriend DEX (for the 'unButtercupped' — PHOLcodine and DEXtromethorphan stop a tickly cough!). They easily remember that SMA Gold is for the Gurgling baby, while White is for the Wingeing Whopper. The atmosphere is informal and assistants are encouraged to seek an improvement in their performance rather than perfection.

"Secondly, I have to keep the proprietors interested by keeping prices low, generally £15 per three hour session, and sending back motivated, informed staff."

After two years Vanessa has seen about 180 students, most of whom have attended at least three sessions, and the 22 retail companies who have sent students continue to show support for the venture.

Says Hugh Roberts, managing director of a group of five pharmacies: "In-store training has proved unsuccessful in the past and the Buttercup scheme has proved to be an economical method of ensuring staff can complete a training programme that will help them meet their full potential."

Vanessa still welcomes inquiries for the MCA course. At present there is always some type of course in progress and new customers are welcome.

No financial support can be accepted from manufacturers but the training material that many have provided has proved invaluable, notably from Reckitt and Colman, Janssen, Cupal and L'Oreal.

Talk back

A questionnaire was sent to a random sample of 500 NPA members who have sent staff on the MCA course during the last three years. A total of 238 responses (47.6 per cent) were received. Here's the result:

Who are you?

- 87 per cent of respondents were independent pharmacies. More than half (56 per cent) were single outlets.
- 57 per cent were suburban outlets, while 29 per cent were in a village or rural location. Only 14 per cent were inner-city pharmacies.
- Only 220 responses included information about turnover. 47 per cent claimed their turnover in 1990 was £200,000 to £400,000, 45 per cent over £400,000 and only 8 per cent below £200,000.

Who are you training?

- The average number of assistants sent on the MCA course was two per pharmacy: 36 per cent of respondents sent one member of staff on the course, 36 per cent sent two, 18 per cent three and 10 per cent over four.
- 27 per cent of respondents sent their staff on the course in 1989, 68 per cent in 1990 and only 5 per cent in the period January to August 1991
- Respondents tended to invest in training for staff who had been with them for between one and five years.

Training key to effective pharmacy

When we saw the National Pharmaceutical Association's Medical Counter Assistants course advertised we were keen to become involved, as staff training is such an important area. Countless surveys have shown it is the assistant who presents the public with their initial impression of our profession, and we thought it would be reckless to ignore this opportunity.

We read the "master plan" manual with fascination. A full script was provided on which to base the sessions, plus detailed help on how to get the group interacting with us as tutors and with fellow students.

We met at home and went through the script marking roughly who could cover each section, working as a double act. But even after extensive preparation, standing in front of a group of 17 girls was different from our usual one-to-one consultations. Yes — we had the overhead projector sheets upside down and yes, we had forgotten to plug in the video so it didn't work, but it all helped to break the ice.

Using the prompts in the script encouraged everyone to contribute and it's amazing how different people's experiences are. One of the most enjoyable aspects was hearing how common problems are dealt with by others, for example, the over zealous kaolin and morphine purchaser and the Gee's linctus man! Entering into the role play, brought some giggles.

By the end of the first session we had covered many diverse topics. We were both hoarse but thoroughly enjoyed it. Being in front of such a keen audience encouraged us to acquire communication skills, which were the key to the course.

During the following sessions, as people got to know each other and exchanged stories, quite a jolly atmosphere developed. We found we had to be concise as there was a lot of material to get through. We targeted the course to dealing with OTC queries, so feel that anyone who completes it would be a great asset to any pharmacy.

From the financial point of view, the course fees are modest and would be recouped over and over again by the increased performance

- Only 139 responders (58 per cent) replied to the question about where the staff usually worked in the pharmacy. 49 per cent said their staff worked mainly on the medicine counter and 48 per cent said they worked elsewhere in the pharmacy. Only 5 per cent worked with cosmetics/toiletries.

Perceived benefits

- These were ranked as follows: 1. Increased assistant confidence; 2. More effective referral of customers; 3. Increased customer satisfaction.
- The most overt commercial aspect — increased sales — was regarded by most as least important.

Convenience

- 71 per cent of respondents said their staff attended the evening session, and 73 per cent said they preferred this. Only 13 per cent said they preferred morning courses and 13 per cent afternoon.
- 95 per cent agreed that staff attendance on the course did not interfere with the pharmacy staffing/work routine.
- 85 per cent believed the course was convenient for their staff to get to.

Satisfied?

- 95 per cent of pharmacists said they would recommend the MCA course to other pharmacists, whereas only 3.5 per cent said they would not. The main criticisms were about presentation and cost effectiveness.

and repeat customer visits which will follow. The pharmacist is generously reimbursed in tutor fees and, by increasing the numbers of trained personnel, must ultimately help the "pool" of staff, as well as the individual business.

Some pharmacists may feel reticent about embarking on a course in the belief that staff "will only move on". But this negativity is denying our staff the interest and challenge, so how can we expect them to stay?

Those committed to staff welfare, of which training is a strong element, will be the ones with the pleasant, loyal, well-informed and fulfilled staff, the envy of competitors.

Some pharmacists may consider training a waste of time but you can bet they are the ones who say that quality of applicants for jobs is poor, and wonder where good, trained staff can be found. We have heard some pharmacists say "the girls aren't interested and wouldn't give up their time." We don't think that in most instances this argument holds. Have the pharmacists ever asked?

It's time for pharmacists to stop talking about staff and their lack of training and do something about it. Staff are the most expensive item on their balance sheet and can have the



Runcorn MCA course tutors: Rosemary Lunt (right) and Diane Harrison

greatest effect on business.

Only by increasing the quality of staff can we be confident that referral is effective and that our overall image is being improved by that first contact. In the end, what the public remembers is whether they were well served

MCA a great means of making contact

"The MCA course has been a great opportunity for us to establish contact with pharmacy in West Glamorgan, a link which has been lacking in the past but which has now brought together the Family Health Services Authority and local community pharmacists. We decided it would benefit everyone to make this course available to all community pharmacy staff in our area."

So said George Plunkett, general manager of West Glamorgan FHSA, when he presented certificates to students in Swansea at the end of two MCA courses organised and funded by the Authority in December, 1991.

It is a view echoed by his deputy, Terry Thomas, who additionally makes the point that the FHSA has responsibilities towards the whole primary care team. "Hitherto little attention has been paid outside medical general practice to help with staff training."

One of the keys to the success of the course is the involvement of local pharmacists. Madeleine Davies, who has a pharmacy in Morriston and tutored on the course, says what many others have noticed. "Several pharmacists have commented on the beneficial effects the course has had on participating assistants. They appear more motivated and enthusiastic than before. This has a knock-on effect on other staff."

"The course convinced assistants of their special role they have. One mentioned to me that she did not appreciate how important it is to know when not to sell a product."

Susan Richards has been a counter assistant at Howard & Palmer (Gower) for over five years and admits to being "a bit apprehensive" when invited to attend the MCA course. "However, once I had settled in I learned a lot and I am sure my employer has been pleased with the results. It would be beneficial for all assistants like me to attend the course," she says.

David Beynon is a proprietor pharmacist in West Cross, Swansea. He first learned of their course in the Spring of 1990. In the past independent community pharmacists had few training choices, he says.

"Motivating staff to undertake detailed study is difficult, and home-based self-education is a solitary pursuit as every pharmacist knows," he says. "The MCA has sought to bridge the gap between these two options and has, I believe, succeeded."

However, Mr Beynon points out that MCA training is a team effort involving both pharmacist and staff. The course continually defines situations where "refer to pharmacist" applies. There is a demand on pharmacists sending assistants on the course to be actively involved in reinforcing its content.

With the support of the FHSA three MCA courses have been completed in 12 months. With another course underway in the New Year every pharmacy in West Glamorgan will have been given the opportunity to benefit.



Seated (L to R) are: Sian Edwards, deputy director, planning; Madeleine Davies, pharmacist tutor; George Plunkett, FHSA general manager; Jacqueline Morris, pharmacist tutor. Standing (L to R) are: Alec Stewart, director of training, Radcliffe Medical Press; from Merrell Dow Pharmaceuticals Marie O'Reilly and Karen Eggleton; and, far right, Terry Thomas, deputy general manager

When getting it right is not enough

Consultant John Kerry looks at a business many would be glad to run, but finds a worried man...

If you looked at the net profit of this town centre pharmacy, you'd say "No problem". At the end of April 1991, Mr L's sales of £205,000 yielded an enviable 36.5 per cent gross profit and a bottom line of £42,000 (20.5 per cent).

Not a bad pre-tax salary cheque from a pharmacy not much bigger than your front room (450sq ft — front shop, 300sq ft — dispensary 150sq ft). Okay, it's smaller than your lounge, but who's worried? Well Mr L certainly is and he lists his worries as follows:

- Turnover is not increasing at the rate of inflation (who's is?)
- Net profit is dropping every year. Yes, in April '90 it was £46,000 (24.4 per cent) of turnover
- Script items at an average 1,550 per month are static
- Mr L is in the shop 10½ hours a day, six days a week and wants to be less tired so he can enjoy the fruits of his labours.

Taking the long view, Mr L can't see any real growth prospects and believes that his profits will tumble every year. At the rate they are falling, if you are a pessimist, the business could be operating at a loss in less than 10 years.

You can assume that the 1990-91 drop was due to the recession more than anything else, but Mr L doesn't agree. He believes non-sinister external factors are more to blame.

Closer study

However, these "external factors" should be studied a little closer before jumping to hasty conclusions.

First of all this town, like any other major county town, is having its upheavals. The old High Street is now an expensively brick paved pedestrian area decorated with planters and Parisian-style circular poster towers — very nice. Then there's the compulsory marble-paved super shopping precinct, with its abundant spaces and wall-to-wall Mantovani. Not places for retailers like Mr L, but these developments, with their acres of covered parking, have sucked shoppers away from the secondary shopping streets no more than a few hundred yards away.

Do not forget the giant grocery sheds on the outskirts either: they have had a detrimental effect of passing

Pharmacy type: Independent — sole trader
Location: Town centre — secondary position
Type of premises: Victorian terraced shop 450sq ft single front
Products: Conventional retail pharmacy lines
Competition: Photographic specialist — multiple pharmacy close by, beauty shop and major department store in centre within ¼ mile.

Financial year May-April

	1991 £	1990 £
Total Sales (NHS and counter)	205,000	188,000
NHS	125,000	110,000
Counter	80,000	78,000
Purchases	132,000	120,000
Closing Stock	27,000	25,000
Gross profit	75,000 (36.5%)	66,000 (35.1%)
Wages and National Insurance	2,800	3,400
Rates and Water	12,800	6,000
Light and heat	600	600
Motor expenses	2,300	1,200
Insurance	1,200	1,000
Repairs and renewals	1,000	300
Telephone	400	400
Postage, printing and stationery	260	400
Advertising	700	600
Accountancy and professional fees	4,300	300
Bank charges and interest	800	700
Cleaning	200	200
Sundry expenses	600	800
Subscriptions	600	500
Equipment rental	—	—
Stock valuation fee	200	150
Hire purchase interest	500	500
Depreciation	3,000	3,800
Total	32,200	20,850
Net profit	42,800 (20.9%)	45,150 (24.2%)

this, there is an indigenous population living in small Victorian terraced housing. There are thousands of chimneys within a quarter of a mile of the pharmacy and a couple of surgeries within five minutes walk. His customers are patients, mostly elderly, who value his biggest asset — proximity to the surgery.

In fact Mr L is certain that all of his counter sales are to loyal customers who are also loyal patients. It is the kind of situation that was common 30 years ago, the corner "chemist" serving a community never over-run with business, but nevertheless enjoying handsome mark-ups.

This time capsule will dissolve one day. The senior population will thin out and be replaced by younger more mobile families, probably more price conscious, certainly brave enough to spend a few extra minutes walking to the main shops.

Where will the business be then? Well, Mr L, it could take ten or 15 years before this business is in trouble. Market it a little better and the turnover could increase and you could extend its profitable life by another five years or more.

Sound business

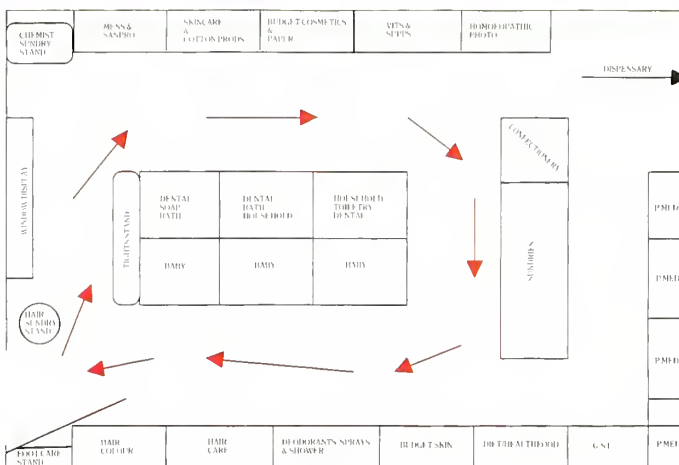
The business is sound, has been managed very profitably and should not be changed for the sake of it. There are a few things that can be done to tweak up the turnover, but nothing dramatic is required.

Let's ease some of Mr L's worries first. The turnover is going up, but not as fast as inflation. This is the situation in probably 95 per cent of retail businesses. Blame it on the recession — you will not be far wrong.

The drop in net profit could also be attributed entirely to the recession, but there are a few more fundamental reasons. Rent and rates have more than doubled, motoring and travelling expenses have increased by 100 per cent and there's a huge one-off accountancy fee of £4,000. In total, overheads increased by £9,000, net profits down by only £4,000. Enough said.

It is a long day and a long week, 65 hours in all and it is no wonder that Mr L wonders how he can get out of the trap that he has built for himself. The business can afford a locum for two days each week. Mr L won't have so much to spend, but life should be more tolerable.

As for the future, can script numbers be improved? Mr L thinks not. What about the counter trade on which he



The present layout

trade. That's really the basis of Mr L's gloomy view of the future. Passing trade passes his shop without stopping. Pedestrians keep walking and the cars can't park anyway — there's not even a dotted line to be found.

The upside

So how does Mr L make such a comfortable living from such a modest turnover clearly based on manufacturers standard recommended prices?

In any inner city centre like

depends so much for growth? Well, there is scope in both departments for improvement. This business will never be huge, but who cares when it's very profitable?

The strengths of the shop are its location near the older population, the close proximity of the surgeries, and the local populations themselves.

The pharmacy should endeavour to attract more of the locals and provide a more comprehensive health care orientated service.

Recommendations

- ☐ Install patient records
- ☐ Investigate repeat prescription collection

- ☐ opportunities
- ☐ Build a small area for patients to sit down, with information leaflets
- ☐ Provide a patient counselling area
- ☐ Introduce aids for the handicapped and elderly (at least get a catalogue)
- ☐ Increase the health care and associated range by

introducing more of the following:

Vitamins and supplements
Homoeopathic and herbal remedies
Diabetic and dietetic lines
Incontinence products
Dressings

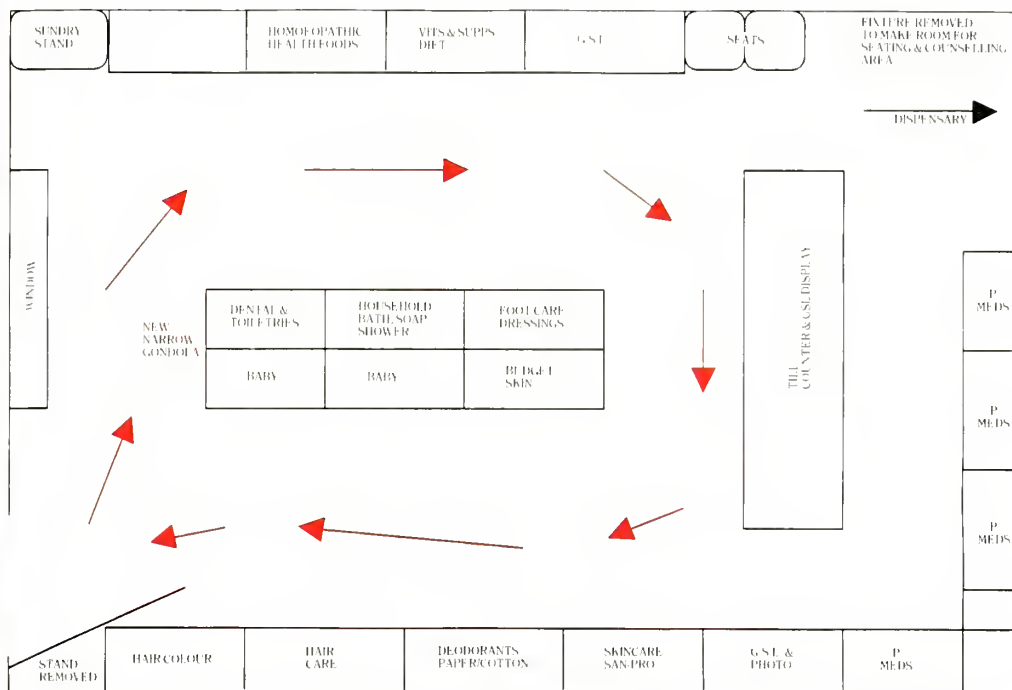
- ☐ A much larger display of GSL medicines should prove worthwhile; after all, this section is easily the biggest profit earner
- ☐ Adding to or enlarging the above ranges will necessitate the reduction of other departments, preferably baby and toiletries
- ☐ The gondola in the middle of the shop is not only old fashioned but more importantly a waste of good selling space. It should be replaced with a modern fitment which will hold at least twice the volume of stock.

The layout should not be interfered with too much and the changes should be introduced gradually.

After all, it would be quite foolhardy to frighten off a very loyal bunch of customers who have stayed with you simply because you have not made a lot of changes.

Mr L is a young man who has got it right in this shop, though it may never be able to fulfil his ambitions.

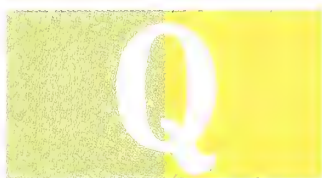
This is a good business and ripe for selling. Mr L could then buy a wreck, where he would have more scope to exercise his talents.



Recommended layout — fewer fittings and stands, space for patient counselling, reduced toiletries and baby care, increased healthcare

QUESTIONS & ANSWERS

A woman in her late twenties, a cleaner at the local hospital, brings you this prescription. She has had a dry eczematous rash between her fingers for the past few months and this has become infected; she has no other history of skin problems but she is mildly asthmatic. The pessaries are for thrush. She asks for your help in finding out about food additives which she believes may be causing the eczema.



1. How important are food additives likely to be?
2. What other causes may be important?
3. Should a steroid be prescribed if the eczema is infected?
4. What other comments would you make?



1. The possible adverse effects of food additives have received considerable publicity in the lay press but their contribution to morbidity is likely to be small. These products are very widely

used and consumed by many people for extended periods, yet there are relatively few reports of adverse effects. In addition, any effects from food are more likely to be systemic than local. Nonetheless, it is unwise to dismiss the possibility that food may be a factor and you should check for a temporal link between a change in diet and the onset of symptoms. If a link is likely, bear in mind some food additives are also in drugs.

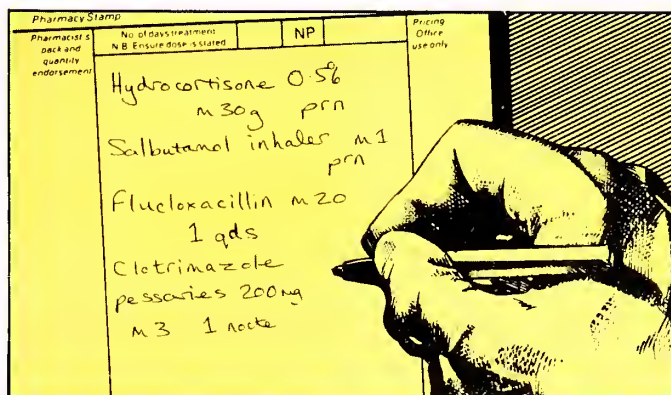
2. There is an association between asthma and eczema — in the sense that individuals tend to have both asthmatic and skin reactions to irritants or, allergens — though why it should be manifest here so late in life is unclear. A more likely explanation is a possible occupational cause: for example, using strong detergents or other cleaning agents without gloves. Check for a link between work and the onset of symptoms and suggest ways to overcome any problems. Other possible causes include cosmetics and jewellery, especially if it is nickel plated.

3. Using a steroid on infected

eczema is a question of judgment, depending on the severity of the eczema and the extent of infection. Provided the infection is treated, as is the case here, a steroid may be appropriate. However, if the infection gets worse or fails to improve, the steroid should be withdrawn until the symptoms resolve. Since this might involve a spell off work, it is worth trying the two together first.

4. Hydrocortisone therapy may be too weak. Progress should

therefore be reviewed in a week. Her hands should be protected if they are in water during work and an emollient should be applied as required. By contrast, the steroid should be applied regularly, not "prn". It is possible that the infection is fungal and not bacterial: this should be considered there is no response to flucloxacillin. There is a theoretical risk that flucloxacillin may impair the efficacy of the combined oral contraceptive. Flucloxacillin should be taken before food



Cooking the gluten free books?

Not only are the manipulations of the food processing industry artificial, when it comes to Gluten Free foods they can also not be genuine. How many GPs realise they are prescribing products labelled "Gluten free" for the pharmacist to dispense which are not 100 per cent gluten free at all?

At present the food industry is at liberty to label some wheat starch based products as "Gluten Free". The codex Alimentarius Standard allows some Gluten to be present and although consuming only a small amount, (by eating such fare) the gluten free dieter will be ingesting the very "poison" which makes them ill.

Clearing the ACBS list of such products will bring us into line with EC countries such as Germany and France where the 100 per cent standard prevails.

It is interesting to note that one manufacturer who features largely on the ACBS list of gluten free products would not be able to label or market several of them as such in the EC countries from whence they originate.

Xrayser asks for the cooks to be re-educated on the gluten free front — a good idea. At the same time the ACBS gluten free list could be cleaned up and the 100 per cent gluten free standard brought in.

Any pharmacist wishing to know more about genuine 100 per cent gluten free dieting/cooking can send for the "Trufree handbook" in the "Getting safely started" series. Telephone 081 874 1130. Please quote literature code number 723N.

Rita Greer
Larkhall Natural Health

A contrasting view of coeliacs

I rarely disagree with Xrayser, but his comments about the supply of gluten-free foods for coeliac patients cannot go unchallenged. If his patients are docile and self-pitying they are unusual. I have 36 regular patients, and with the proper counselling which our excellent Coeliac Society branch secretary provides, the majority quickly become independent. I attempt to act as an interchange of information, so that "finds" reported by one coeliac are passed on to others.

My experience as a judge at Coeliac Society branch recipe nights proves that home-baked produce is far superior to mass-produced food, as one would expect. Coeliacs who have the time use a lot of flour and keep some bread in the freezer and crackers in the store-cupboard, but rarely ask for other items.

Given the monotony of their diet I consider the range of items that can be obtained is not excessive; remember that coeliacs have great difficulty in eating out, because they cannot have sandwiches, hamburgers, hot dogs, fish and chips, and food in sauces and so on. The patients who have most difficulty adapting are elderly people living alone; they tend to be unadventurous and probably obtain a higher proportion of their food on prescription as a result.

I fear that if these items were not supplied on prescription the manufacturers would be unable to support such a range of products. The improvements which they have made are soon apparent upon tasting; one cannot compare the bread offered five years ago with that now available, and I know from my discussions with manufacturers that they are trying hard to improve the freshness of their products. Try tasting and cooking with them, and you will be better able to advise your patients.

Incidentally, I can vouch for the fact that at Coeliac Society meetings in Cornwall, praise for local pharmacists is common and warm. There can be few groups of patients more appreciative of our profession's efforts.

Graham Brack
Truro

Insuring for needle exchange

In last week's **Comment** (January 18, p71) you say: "National Pharmaceutical Association members participating in approved schemes are covered by Chemists' Defence Association insurance for third party claims by the public, and by employers' liability insurance for staff." This might lead some of your readers to believe that the CDA provides employers' liability insurance for NPA members and it is important to point out that this is not so. Claims for employees are *expressly excluded* under the CDA rules from what is otherwise a very wide ranging defence and indemnity protection.

Provided NPA members follow the guidelines laid down by ourselves and by the Council of the Royal Pharmaceutical Society, they will be covered against any claims from members of the public arising from the operation of needle and syringe exchange schemes. But in the event of a claim arising from a member of staff they will need to look to their shop insurance for cover. Most good shop insurance policies automatically provide employers' liability insurance (which is, of course, a legal requirement), and that provided under Pharmacy Mutual Insurance policies certainly

extends to any claims arising from the operation of needle and syringe exchange schemes.

Holders of other policies should check with their insurance companies or brokers if they are thinking of offering such a service. If the guidelines are followed, the likelihood of an injury is remote and it is even less probable that liability will rest with the employer. But, as always, insurers should be told about anything which might affect the level of risk.

T.P. Astill
Director, NPA; general manager, CDA; general manager, PMI

Insurance costs questioned at JRC...

I am staggered at the increase in the cost of Coversure for JRC Computer Systems from £435 to £720 per annum.

Once a pharmacist has dedicated his pharmacy to a particular system, it is extremely difficult and time consuming to change. This does not, however, give Mr Richardson the right to charge whatever he likes for maintenance and updates.

I hope all JRC users will bring pressure to bear on Mr Richardson to reduce the charges to a realistic level.

M.H. Smith
Hybridge

...and answered

Your writer appears to have misread the several communications sent to him outlining the objectives and reasons behind our amended pricing structure.

In previous years *all* suppliers have inflated the initial purchase price of their computer systems and charged a nominal annual maintenance charge, both of which were needed to contribute towards overheads over the coming years. The situation can be equated to NHS and counter revenue being essential for a pharmacy's survival.

JRC develops systems, perhaps ahead of their time, and Coversure enables users to keep them for much longer than the three years average life expectancy of computer systems. Indeed, we currently have users still quite happy with systems they purchased from us some eight or nine years ago. Your writer quite rightly mentions the trauma of having to change to another system and we intend to continue our policy of providing reliable equipment that users can hold onto if they wish.

This, coupled with the current recession and the marketplace becoming saturated, means that

less annual sales will be forthcoming in the long-term, and pricing structures must be altered to reflect current activities, most of which now centres around after-sales service.

Your writer did *not* mention that to offset Coversure increases, our upgrade charges have been drastically reduced — this allows those wanting to take advantage of the latest technology and software potential to upgrade to our latest 386 based systems for around £1,000. Coversure members will thus save a great deal of money and will be spared the "extremely difficult and time-consuming" changeover to another system. Most, fortunately, realise that some £2.50 a day is money well spent. Few would want our service restricted by reducing prices.

John Richardson
Chairman & chief executive, JRC

Reasons for PPC change of heart in Bangor, NI

It would appear that the author of your "N. Ireland Notebook" is not fully acquainted with the legislation dealing with applications for contracts to provide pharmaceutical services ("Questions over PCC decisions" *C&D*, January 4).

Such matters are dealt with by the respective Pharmacy Practices Committee (PPC) as set up by the four Health and Social Services Boards under Statutory Rules of Northern Ireland 1987, No. 246. The Pharmacy Contractors Committee (PCC) is an entirely different body established under much earlier legislation to represent contractor chemists.

Each application coming before the Pharmacy Practices Committee should be considered on its own merits and it would be wrong for its members to feel bound by a decision taken on a previous application. Your correspondent refers to the time between the two applications at Bangor as "some months" which disguises the fact that the period was actually 1 year and 3 months. It must be concluded that the time elapsed was sufficient for the consequences of the relocation of the doctors' practice to become apparent and provide evidence to convince the PPC that an additional contract was necessary or desirable in order to secure adequate provision of pharmaceutical services.

Leslie W. Pielou
Director of pharmaceutical services, E. Health and Social Services Board

Editor. Our error in abbreviating Pharmacy Practice Committee to PCC was acknowledged on January 11 ("Wrong initials", p33).

Glaxo discounts out as 30 brands go

Glaxo Pharmaceuticals have at last given details of the discounts being offered to community pharmacists who purchase their products, which are as follows.

Monthly marginal threshold bands	Discount
£0-400	0%
£400-800	8%
£800-2,800	9.5%
£2,800-8,000	11%

This is an interim scale which will apply to the next three to six months, after which the outcome will be examined before the final scale is implemented.

The qualifying bands apply to the aggregate purchases of all Glaxo products and, according to Glaxo Pharmaceuticals director Michael Bailey, "the overall structure of the scheme ensures we meet our commitment to return all possible discount available to community pharmacists".

He goes on to emphasise that these discounts are "solely related to the purchase levels of Glaxo products and agents remain free to provide additional incentives related to the overall operation of their businesses, and can review the qualifying discount levels for non-Glaxo purchases".

The Pharmaceutical Services Negotiating Committee has expressed concern about the new discount scale in three particular areas:

- Wholesalers might not reduce their thresholds proportionately to the amount of sales of Glaxo products to contractors in general

- There are some contractors (usually the larger ones) who have a zero threshold with some wholesalers. There is a possibility they will be disadvantaged to some extent, says PSNC, although it is understood Glaxo are prepared to discuss the situation with individual contractors

- Where contractors use a computer ordering system and claim a terminal discount (usually of around 1.5 per cent), that this will be maintained.

Wholesalers which "do not comply" in these three areas will be taking advantage of the situation at the expense of contractors, says PSNC chairman David Sharpe. "Glaxo have informed us that with the arrangements they have with the wholesalers these considerations have been taken into account in the agency fee."

PSNC expects there to be a discount and container inquiry in April, using new methodology which will produce results within two to three months, rather than nine months as in the past.

In a letter sent out to pharmacists Glaxo say that all products eligible in their February 1992 price lists will be eligible for discount under the scheme. The

letter also says that dispensing outlets with monthly purchases of over £8,000 should contact Glaxo for further information.

Responding to the reservations expressed by the PSNC, a spokesman for Glaxo said: "We believe our terms will be attractive to the vast majority of pharmacists."

"The discount scheme we are applying reflects to the pharmacist the full amount available to the company after the payment of the distribution agents' fees. And it is important that comparisons of discounts are made available on a like-for-like basis, as there are a wide range and variety of discount schemes operating in the market place and extending well beyond ethical pharmacy."

Commenting on the interim nature of the discount scale, the Glaxo spokesman said: "We remain open in our approach and will be developing future discount schemes based on the information and experience we will be gathering".

Medeva move

Medeva have bought over 30 pharmaceutical brands from Glaxo Pharmaceuticals. The purchase price, which is to be paid in installments over a period of two and a half years, is £13.5m.

The drugs include those used in the treatment and prevention of paracetamol poisoning, iron and vitamin B12 deficiencies, hypertension, eye, ear and nose inflammation, and operative and post-operative conditions. The products have a combined turnover in the UK and Ireland of around £6.5m.

The list includes Betnesol, Corlan, Eltroxin, Fersaday, Marevan and Triptafen (see p118).

Medeva will take over responsibility for the sale of the products from February 1 in the UK and October 1 in Ireland. The company will assume full responsibility for manufacturing the drugs by the end of 1992. Medeva's Evans Medical subsidiary will market the range.

Sean Lance, Glaxo Pharmaceutical's md said: "It is the right time for us to transfer some of our products to an organisation better suited to maximise their potential."

Glaxo's emphasis is on their new product range, he said.

On the crest of a plague

At Wellcome's annual general meeting chairman Sir Alistair Frame announced a 20 per cent increase in sales for four months to the end of December. He said Zovirax and Retrovir exhibited particularly encouraging growth.

"At last year's AGM I indicated that the marketing challenge of treating, with Retrovir, a larger proportion of the HIV positive population was one where we still had some way to go. We are now making good progress in this challenge."

Sir Alistair did not comment on last November's announcement of discussions to sell the group's environmental health and diagnostics divisions, except to say that "the current position is that negotiations are progressing satisfactorily". He said Wellcome hope to make an announcement about them "in due course".

Intercare up

The Intercare Group trebled their profits and more than doubled their sales in the year to October 31, 1991. Earnings per share are up 83 per cent to 7.5p and debts have been substantially reduced.

The chairman of the group, Peter Cowan, told shareholders the most significant event of last year was the entry of the group into the mobility healthcare market with the acquisition of disabled vehicle makers Booster Electronic Vehicles in the UK and healthcare products distributors Montis Medical in Holland.

Last year turnover was £14.9m and pre-tax profits £1.52m. A final dividend of 1.5p has been announced, up 60 per cent on last year.

Unichem buy six shops

Unichem have bought six pharmacies in North Wales for £2,045,000.

Unichem's chief executive Peter Dodd said: "The recent rights issue has provided Unichem with the cash resources to take advantage of the lower prices now available."

We expect to add some to our franchising scheme while incorporating the remainder into our own self-managed chain. The shops will be developed by improved merchandising."

Retail trends uncertain

Pharmacists say trade last December was better than in the same month a year ago. However, orders from wholesalers were down on a year ago, and year-on-year January figures are expected to be worse still.

These are the main conclusions of the latest CBI distributive trades survey.

Nevertheless, the figures for pharmacy compare favourably with those for the retail of other goods, with a majority saying that volumes of sales were down year-on-year last December and over 50 per cent expecting the same to be true for January.

On orders though, the figures are less clear-cut: while 53 per cent of non-pharmacy retailers ordered less last December than a year ago, only 48 per cent expect to do the

same in January, compared to 66 per cent of pharmacists.

Generally, the CBI say that Christmas trade in the High Street was better than a year earlier, but the increase was well below shopkeepers' expectations.

The most recent Central Statistical Office figures for small pharmacy businesses show a 7 per cent increase by value in sales for last November; when the Retail Prices Index is taken into account (4.5 per cent), this shows a real increase in sales of 2.5 per cent by value on a year ago.

CSO information still suggests the public are avoiding credit. In November 1991 there was a decrease of £30m in the amount of outstanding credit in the country, which followed an £80m drop in October.

Numark bounce back after Medicopharma debacle

Numark wholesalers have recovered over 50 per cent of the turnover lost when Medicopharma collapsed last November and, according to managing director Terry Norris, have set themselves the target of becoming the "first choice VTO for independent retail pharmacy" in 1992. Numark also have plans to recruit retail members in Europe.

Sangers NI, who replaced AAH wholesaler Haydocks in Northern Ireland, have been the most significant contributor. They are responsible for 50 per cent of the recovery, mainly because their ethical business in the Province was Numark's first.

Once more Numark have ten principals but operating out of 16 depots compared with the 20 of Medicopharma days. East Anglian Pharmaceuticals and Graham Tatford are the other newcomers, both with single depots, with Numark old-hand Daniels adding extra depots in Cambridge and Leicester in December.

Terry Norris says Daniels' contribution also has pushed up Numark turnover considerably,

while in Scotland Hamiltons have made a significant gain, particularly in the Dundee area.

Coverage of the London area is the one weak link in the Numark chain, Mr Norris says, with Tatfords ability to service Devon from Southampton bringing effective Numark operation to the South West for the first time.

Numark are still talking to other British full-line wholesalers to encourage them into the fold, while in Europe they are planning to bring the Retail Concept to EC pharmacies. Mr Norris says some form of associate membership could be a possibility, and hopes to promote their own-brand range with the object of developing a Pan-European brand. The company is sourcing some of its own-brand product from the Community.

Mr Norris says the further development of the Retail Concept is the most important element of the programme, stressing that it was vital for each pharmacy member to have an identifiable Numark "presence". He was not prepared to define the lowest common denominator of VTO branding that constituted a "presence" but said that out of 2,000 member pharmacies, 700-800 had Numark fascias (23-28 new style), and that there had been ten full Retail Concept refurbishments since the launch in March last year, with lots of pharmacies introducing elements of the Concept, such as the

information panel and window displays.

Own brand lines are set to reach 500 in 1992, Mr Norris says. Already 40 new products have been added since the range relaunch last November and around 45 other lines have been repackaged. The range is being promoted with a series of consumer leaflets; the first, on skincare, has been launched with the next likely to be on baby care.

Numark plan another "Sunday at Home" trade show with a smaller Scottish event "a possibility". At present Numark principles and head office executives are holding a series of meetings around the country (eight in January) for community pharmacists, to get across their VTO message to existing members and to bring in new ones.

The company is talking also to various UK manufacturers to develop links to promote specific products, some ethical, either through special discounts where allowed, or through endorsement where not.

And Numark are planning a PR campaign aimed at getting across the role of the pharmacist to other health professionals.

Two new members have been appointed to the Retail Development Board, Michael Woods in Aberdeen, and David Richardson in Dundee. Mr Norris says the search is on for East Anglian and South Coast members.

Container rationale

Lilly industries have rationalised their container sizes from 11 to just three. The new range of polythene bottles come in 70, 100 and 180ml sizes and have clip-top style caps and a red security ring. The company aims to have all the markets supplied from its Basingstoke Works converted to the new bottles by the end of the year.

Germany tidies up

German legislation requiring manufacturers and distributors to take back transport packaging after use for re-use or recycling came into force at the end of last year.

Serono analyte

Serono Diagnostics have launched a new analyte for the measurement of Free T4 in human plasma or serum as part of their SR1 E1A analyser system.

Plax passed

The DTI has decided not to refer the purchase of Plax by Colgate-Palmolive to the Monopolies and Mergers Commission.

Perrier bubbles up

Nestlé have joined forces with the French bank Indosuez to bid for Source Perrier. Some £1.38 billion is on the table.

J&J acquire C&C

The consumer products division of Johnson & Johnson have acquired the Clean and Clear line of skincare products on a worldwide basis from the beauty care division of Revlon Inc. J&J see this acquisition as an opportunity to expand their business in the adult UK skincare market.

Non-profit making company applies for Bury contract

A non-profit making company which ploughs its income back into local healthcare services has applied for a contract to dispense from a private medical centre to be built near the centre of Bury.

BHA Ltd aim to offer a "high quality pharmaceutical service, sensitive to the needs of patients", according to chairman Philip Bacon. This would mean carrying out market research to identify customer needs, he told C&D. "Waiting times would be cut to a minimum and patients would be given proper instructions on how to take their medicines."

Although he is also Bury Health Authority's district general manager, Mr Bacon stressed that BHA was not a trading arm of the health authority but a flourishing company in its own right. "BHA" were someone else's initials, he said. The other directors include a consultant physician and the chief of another health authority. The directors are precluded from taking any salary or expenses from the company.

If the company gained the pharmacy contract, the profits would go into whatever community healthcare service was deemed necessary at the time, said Mr Bacon.

A pharmacist would be employed to run the pharmacy.

Wholesale changes in EC

The secretary of the EC Pharmacy Group's UK delegation is writing to all members of the European Parliament over its concern about Article 5 of the Wholesale Directive.

The Article states that in order to obtain an authorisation to engage in activity as a wholesaler in medicinal products, applicants must have "a qualified person meeting the conditions provided for by the legislation of the member state concerned".

Amendment No. 14, which called for "qualified person" to be changed to "pharmacist or person working under the responsibility of a pharmacist", was originally

proposed by the European Parliament but rejected by the Council and the Commission. At the draft Directive's second reading, the European Parliament may reintroduce this amendment.

Secretary to the UK delegation Colette McCreedy says in the letter to MEPs that no professional is better qualified to ensure the correct storage, transportation and handling of medicinal products, to guard against counterfeit products and to facilitate stock withdrawal from the market whenever necessary. She calls on the MEPs to promote the reintroduction of the amendment.

NI courses

The Northern Ireland Committee for Postgraduate Education and Training are holding the following courses:

"Therapeutic management of bone disorders", February 20, 10am-5pm at Beechlawn Hotel, Dunmurry, Belfast.

"Ophthalmic Solutions", February 25 and March 3 at The Lodge Hotel, Coleraine.

"Help your patient stop — the pharmacists role in smoking cessation", February 26, 2-5pm at White Gables Hotel, Hillsborough.

"Pharmaceutical services to residential homes", March 13, 10am-5pm at The Drumkeen Hotel, Belfast.

Early registration is required. For full details contact Donna McDowell on Belfast 650111 ext 761.

Tuesday, January 28

Leicestershire Branch, RPSGB. Post Graduate Medical Centre, 8pm. Post graduate lecture "Diet and diabetes" by Dr A.C. Burden, consultant physician to Leicester hospitals.

Durham County Branch, RPSGB. Eden Arms Hotel, Rushyford, 8pm. "Ostomy Update" with Darren Forster of Convatec Ltd.

Wednesday, January 29

Somerset Branch, RPSGB. Musgrove Park Hospital PGMC, 7.15 for 8pm. "The work of a consultant paediatrician at a district general hospital" by Dr T.J. French of Taunton and Somerset NHS Trust.

Thursday, January 30

Bath Branch, RPSGB. Senior Common Room, Bath University, 8pm. "Meet the local branch" meeting for undergraduates. Cheese and wine.

South Staffordshire Branch, RPSGB. Stowe House, Lichfield, 7.30 for 8pm. Continuing education course "Responding to symptoms".

Weald of Kent Branch, RPSGB. Postgraduate Medical Centre, Kent & Sussex Hospital, Tunbridge Wells 7.45 for 8pm. Slide presentation "British poisonous plants: The Royal Pharmaceutical Society's museum".

Friday, January 31

Hull Pharmacists Association. Annual Dinner Dance at the Grange Park Hotel, Willerby, 7.30 for 8pm.

Classified

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ROCHDALE, LANCs - Locum pharmacist required for regular Saturday mornings, 9am-12.30pm. Top rates. Please phone 0706 44994 daytime.

EXPERIENCED PHARMACIST LOCUM needed from 1 April until 14 May. Please contact Kim Patel on 021-382 0189.

READING - Pharmacist required early March for ten days holiday cover. Modern in-store pharmacy. 8.30am-5.30pm Monday - Friday. Telephone R. Thompson H & P 081-575 1816.

TUNBRIDGE WELLS / SEVEN-OAKS - Pharmacists required for regular or casual evening sessions, 6-7.30pm, Monday - Friday. Please phone David Rogers on 0892 529315.

DISPENSING TECHNICIANS

TRAINEE DISPENSING assistant required. Must enrol for N.P.A. correspondence course September 1992. Apply in writing with brief C.V. to Cole Cross Chemist, Wood Street, Chelmsford, Essex.

DISPENSER REQUIRED for busy Health Centre in Ash Vale. Approx 30 hours a week. Apply with C.V. to Practice Manager, Health Centre, Wharf Road, Ash Vale, Aldershot GU12 5BA. Tel: 0252 317551.

HEMEL HEMPSTEAD - Experienced dispensing technician required for busy pharmacy. 5.00pm - 7.00pm Monday - Friday. Telephone R. Thompson 081-575 1816.

COUNTER ASSISTANTS

BRADFORD - Chemist assistant required part-time for 16 hours per week. Experience preferable, but full training will be provided. Telephone 0274 600785 (daytime).

DISPLAY

LONDON NW AREA - Services of window dresser required to display window every 6-8 weeks. Please telephone 071-794 5486.

SITUATIONS WANTED

SUNDAYS / SATURDAYS - Community pharmacist available for Essex and London. Competitive rates. Now taking bookings from March onwards. Please phone 0255 672845 (work) or 0255 673257 (home).

WEST LONDON & SURROUNDING AREA - Pharmacist available for regular Saturdays. Reasonable rate. Telephone 081-451 6065.

EXPERIENCED EX-PROPRIETOR pharmacist available from 1 February. London and surrounding area. Will travel. Telephone 081-202 9059.

BUSINESS FOR SALE

OLD ESTABLISHED newly fitted pharmacy. Sales excess £310,000. NHS 1,600 items per month + private dispensing. Secure lease with net amount rent £8,000. Price £220,000 plus stock. Tel: 071-435 4813.

BUSINESS WANTED

W. MIDS / WORCS / WARWICK-SHIRE / OXFORDSHIRE - Pharmacies required. Minimum turnover £275,000. Confidentiality assured. Telephone N. Sodha, Knights Chemist Group, 0527 402146, 541034 or 0527 545554 (evenings, weekends).

FOR SALE

2 X 30 COLOPLAST BAGS 5945 45mm. Trade less 50%. 2 x 5 Combhesive flanges S352 38mm. Trade less 50%. Tel: (0773) 742376.

APPROX 50 SHOP ROUNDS - Some with original contents. Also other glass stoppered bottles. Some plaques for the front of drug drawers, many pharmacy books including early BPs and BNFs. Tel: 0744 811323.

CALSYNAR AMPS 200iu/ml, three vials only, expiry Nov '92 (less swabs) £50. Tel: 0232 678128.

MORAIRA on the Costa Blanca in Spain. Detached two bedroom furnished villa. Share gardens and pool. Walk to beach. £50,000. Tel: 0527 31585 evenings.

LIPOTREND C cholesterol testing system. Six months old. £200 plus VAT. Neon prescription sign £100 plus VAT. Tel: 0507 602003.

ALL WHITE, SPECIAL EDITION Escort XR3i Cabriolet, F reg, below average mileage. Power hood, alloys, alarm, FSH. £7,500. Phone 0925 415796 after 7pm.

25 LANVIS 40MG TAB expiry April '92, 50% + VAT. 30 x 200mls Synogist shampoo, 50% + VAT. Tel: 07713 217.

NUNEATON - Attractive, two bedroomed, modern detached house. Vacant possession. Further details telephone 0203 350788 or 0455 823548 (daytime).

SEROXAT 20MG & 30MG exp 6 '94, 10 '93. Both 75% plus VAT. Tel: 0533 743200.

CLINIMED BIOTROL 2 x 30 ref 32-430, 3 x 30 ref 32-435. Cost less £20 + VAT. Phone 0252 543226.

CONVEEN URISHEATH - 35mm, code 5315. Box of 30, 50% off trade. Telephone 081-748 4902.

JOHN RICHARDSON SYSTEM labeller/printer for sale. Offers. Contact Mr Burgan. Telephone 0532 570298.

PHARMATRIEVER for sale complete with service contract. Would cost new in excess of £10,000. My price £3,000 plus cost of relocation. Telephone 0532 570298.

WANTED

NORMAD SYSTEMS - Any quantity.

will collect. Please telephone 0244 379268 during office hours.

TABLET COUNTER, computer labeller, external chemist sign (illuminated). Please ring Mr Akhtar on (0274) 664019 anytime.

HOLIDAY ACCOMMODATION

LANZAROTE - Luxury apartment, sleeps six. Available July 2 - July 16. Also luxury apartment, sleeps four. Available August 6 - August 20. Tel: 0530 510971.

FLORIDA, GULF COAST - Superb, luxury villa to let. Three bedrooms, two bathrooms, two lounges. Overlooking lake and bird sanctuary. Heated swimming pool. Fly Drive arranged. Tel: 0493 650915.

CALA GARDANA, MENORCA - Self-catering villa, sleeps 5-6. Facing one of the most beautiful beaches in Menorca. Beach 10 minutes walk. Ideal for children. Available June to September. Telephone 081-578 4464.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacy subscribers of Chemist & Druggist. No series, box numbers or trade advertisements will be permitted. Acceptance is at the discretion of the publishers and depends upon space being available. Send your proposed wording to "Business Link", Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW. Include your name, the full name and address of your pharmacy, or your personal registration number, and a day-time telephone number. Alternatively, leave the details on our special answering service.

PHONE 24 HOURS ON 0732 359725

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To be included under section heading

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About people

Pharmacist tackles gunman in raid

Pharmacist Ashwinkumar Tanna was confronted by a gunman in his Dulwich pharmacy last Monday — and tackled him despite two bullets being fired.

Former Council member Mr Tanna told *C&D* that two men entered the pharmacy just before 6 o'clock on Monday, February 13. One man in his mid-twenties

approached the chemist counter assistant, made a purchase and attempted to grab money from the open till.

When Mr Tanna noticed that the man was carrying a gun, he jumped at him, the two men struggled and the man tried to run off with around £40.

Mr Tanna followed the gunman who then fired a shot; he continued to pursue him into the street and forced him against the front of a nearby car, when another shot was fired which hit the windscreen. The gunman managed to escape.

Mr Tanna insists that he was not a hero, and acted on his instincts to protect his staff and customers, which included a mother and her baby. "If it happened again, I'd do the same thing again," he insists, reasoning that he should not have to put up with "scoundrels of society". But he stresses he may well have acted differently if the attackers had, for example, held him at gunpoint. The event happened quickly and only lasted around two minutes.

Mr Tanna has been taken aback by the amount of customers who have acknowledged his bravery. One customer had said she remembered him helping out a jeweller who was being robbed 14 years ago!

According to a report in the *Dulwich Leader*, the gunman may have held up a service station just half an hour later.

NPA media links

Readers of the *Sunday Express* may have noticed a column called "Pills and potions", written by the National Pharmaceutical Association's head of public affairs Colette McCreedy.

She has been contributing what she calls "snappy snippets on self medication" since November. Mrs McCreedy was approached by the paper's features editor, who was looking for a pharmacist to write a single article on overindulgence.

Titles have included: "Never be repeated" — on overindulgence. "Don't get sore in the cold" — about (guess what?) cold sores, and "feeling down in the mouth" — giving advice on mouth ulcers.

Mrs McCreedy points out that she is not seeking personal acclaim; she's not even being paid to do it. "The public relations value of it is that it's being written by a pharmacist," she says.

Meanwhile, NPA director Tim Astill has recorded an interview for Radio Four's "Woman's Hour". He is one of the guests who will contribute to a feature on community pharmacy, which will focus on its past, present and future.

The programme, to be broadcast on a date not yet determined, will examine the pharmacist's role and training and look at the professional and commercial aspects of community pharmacy.



APPOINTMENTS

MCA's new watchdog

Following the Medicines Control Agency's "Next Steps" status (*C&D* July 20, p98), an independent supervisory board has now been appointed.

The board consists of three executive and five non-executive members. Its role is to provide independent advice to the Secretary of State for Health on the MCA's financial and operative policies.

The five non-executive members are: Jane Nicholson, senior registration adviser at Bristol Myers Squibb and RPSGB Council member; David Friend, chief executive officer of ICI Pharmaceuticals; Professor John Hampton, Department of Cardiology, Nottingham University; Garry Watts, KPMG Peat Marwick; and Jimmy Ferguson, member of Yorkshire Regional Health Authority and chairman of Bradford Family Health Services Authority.

The executive members are: Graham Calder, chief pharmaceutical officer, Scottish Office Home and Health Department; Strachan Heppel, deputy secretary, Department of Health, who will chair the board; and Marian Stuart, under-secretary at the finance division of the DoH.

Stewart Siddall BSc, senior vice president public & industry affairs, Smithkline Beecham Pharmaceuticals, is to be the next president of the Association of British Pharmaceutical Industry. He will take up the office on April 10 in succession to David Godfrey CBE, a Director of the Wellcome Foundation Ltd.

Richard Wood, chief executive of Daniels Pharmaceutical, has been appointed to the main board of Numark. Mr Wood, who qualified as a chartered chemical engineer, describes himself as a staunch supporter of Numark. "I'm delighted to have the opportunity to take a more active role in Numark's development," he says.

AAH Pharmaceuticals have appointed **Tracey Williams** as Vantage training and communications manager. She will assume the responsibilities of retiring Vantage training controller Ken Howells and will also be involved in the production of all Vantage communication devices.

Rex Holder has been appointed trade operations manager for Windsor Healthcare Ltd, with responsibility for UK wholesale and multiple accounts as well as the Northern and Southern Irish Operations. Mr Holder has been the National Account Manager with Windsor since 1988.



Winner of Elida Gibbs' "Holiday of a lifetime" competition launched at Chemex is Mrs Hasumati Chauhan of Cray Chemists, St Pauls Cray, Kent, who wins a fortnight's holiday for two in Florida. Mrs Chauhan (left) and her husband Chotalal Chauhan received their prize from Fred Wilding (right), wholesale development manager, Elida Gibbs

BORN AGAIN



The origin of the species becomes your natural selection

You'll soon discover we've put new life in Isogel.

New packaging (available now) is only the start of its birth. The real commitment comes from full marketing support, promotional activity and a concerted advertising campaign.

Yet remarkably Isogel has had only one recent price rise, the first for over a decade – maintaining its outstanding value.

This is only the beginning. The start of a new lease of life. Because Isogel is evolving to ensure it's the natural selection.

ISOGEL ABBREVIATED PRESCRIBING INFORMATION Indications: Conditions requiring a high fibre regimen. **Presentation:** Isogel is a preparation of Spaghula Husk B.P. **Dosage and Administration:** The required quantity of Isogel should be stirred into half a glass of water. Adults: Two teaspoonfuls once or twice daily, preferably at meal times. Children: One teaspoonful once or twice daily, preferably at meal times. **Contra indications, warnings etc.** Precautions: Isogel should be swallowed immediately after mixing. Elderly or debilitated patients should be supervised whilst taking Isogel. **Basic NHS Price:** 200g £1.51 RRP: 200g £2.37 **PL No:** 0045/5028R.

CPL

Full prescribing information is available by post from distributor: Charwell Pharmaceuticals Ltd., Charwell House, Wilsom Road, Alton, Hants. GU34 2TJ.

ROBINSON NEW EASY BREATHERS, CLEARING THE WAY FOR GREATER PROFITS.

Robinson Healthcare's long tradition in the healthcare market combines with their reputation as product innovators to

bring you a new concept in nasal decongestion. **"Easy Breathers"** takes the traditional ingredients of camphor, menthol and pine oil and offers them in an entirely different form using the very latest advances in impregnated tissue technology.

The most exciting innovation in the £40 million decongestant market for many years, **Easy Breathers** are sure to capture the imagination of retailers and consumers alike.

Extensive consumer research commissioned by Robinson Healthcare confirms their optimism and highlights a whole range of product benefits:

CONVENIENT

All the benefits of strong herbal vapours are available at the pull of a tissue.

HYGIENIC

Each tissue is designed to release sufficient vapour to sooth nasal congestion and is then discarded.

CLEAN

Easy Breathers can be used day or night. The non staining tissue placed under the pillowslip at night helps aid restful sleep.

DISCREET

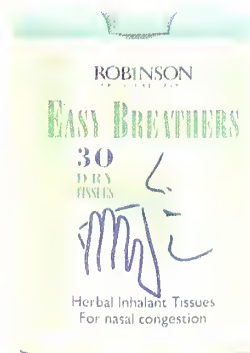
Easy Breathers can be used anywhere anytime. They provide the socially acceptable alternative to nasal sticks and sprays, with packaging designed for the pocket or handbag.

NATURAL

Easy Breathers reflect the growing demand for natural and homeopathic remedies.

ECONOMICAL

Each pack contains 30 tissues to cover the duration of the common cold.



Take advantage of this great opportunity from Robinson Healthcare – Clear the way for greater profits this winter by ordering **Easy Breathers** today. For further information telephone 0246 220022 and ask for Customer Service.

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